

**A300 Combined Certification Form**

Date(s) of previously issued certificates (if applicable): \_\_\_\_\_

Cooperative Education Experience (CEE) - Hazardous Occupation

CEE - Non-Hazardous Occupation

Paid Structured Learning Experience

**A. Minor's Personal Information**

|   |                    |                           |                                 |   |  |               |
|---|--------------------|---------------------------|---------------------------------|---|--|---------------|
| First Name  | M.I.               | Last Name                 | Social Security No.             |   |  |               |
| Street Address (Line 1)                                     |                    | Floor/Apt. No. (Line 2)   |                                 | Date of Birth                                 | Age  | City of Birth |
| City  | State              | Zip Code                  | County of Birth                 |   | State/Country of Birth   |               |
| Telephone No.   | Cell/Alternate No. |                           | <input type="checkbox"/> Male   | Height _____                                  | Hair Color _____   |               |
|   |                    |                           | <input type="checkbox"/> Female | Weight _____                                  | Eye Color _____  |               |
| Parent/Guardian First Name                                  |                    | Parent/Guardian Last Name |                                 | Distinguishing Facial Marks (if applicable)   |  |               |
| Parent/Guardian Address (if different than minor's address) |                    |                           | Floor/Apt. No. (Line 2)         |   | I hereby authorize the employment of my child as specified below under Employment Information. |               |
| City  | State              | Zip Code                  |                                 |   |  |               |
| Parent/Guardian Telephone No.                               |                    | Alternate Telephone No.   |                                 | Signature of Parent/Guardian _____ Date _____ |  |               |

**B. Employment Information**

|  |           |                             |   |  |                             |
|--|-----------|-----------------------------|---|--|-----------------------------|
| Employer Business Name   |           |                             | Type of Business/Industry   |  |                             |
| Street Address (where minor will be employed)                          |           | Floor/Suite (Line 2)        |   | Minor's Job Title (Be specific)        |                             |
| City   | State     | Zip Code                    | Is liquor sold on the premises?   | <input type="checkbox"/> Yes           | <input type="checkbox"/> No |
| Contact Person Name  |           |                             | If Yes, are the entire premises licensed?   | <input type="checkbox"/> Yes           | <input type="checkbox"/> No |
| Telephone No.  |           |                             | If No, describe what areas of the premises are licensed, including any outside grounds:   |  |                             |
| Minor's Hours of Work (Provide daily hours and/or start and end times) |           |                             | <b>Promise of Employment:</b> I have offered employment to the above named minor for the hours stated. I understand that these hours may be flexible but may not exceed the number of hours permitted by law according to the age of the minor. |  |                             |
| Mon  | Tues      | Wed                         | Thurs   | Fri                                    |                             |
| Sat _____  | Sun _____ | Total Hours for Week: _____ |   | Signature of Employer _____ Date _____ |                             |
| Wages: Per Hour _____ Weekly _____ Other _____                         |           |                             |   |  |                             |

**C. Physician's Certification** (to be completed by licensed physician): I hereby certify that I have examined the above named minor on \_\_\_\_\_ and I designate the minor's physical qualifications regarding the above promise of employment as: \_\_\_\_\_ (Date)

Physically Qualified  Physically Qualified with the following limitations \_\_\_\_\_

Signature of Doctor \_\_\_\_\_ Date \_\_\_\_\_ Address \_\_\_\_\_

**D. Proof of Age** (for Issuing Officer): I have examined the proof of age submitted by the above named minor which was in the form of (select one):

Birth Certificate  Baptismal Certificate  Passport  Other documentary proof in existence for at least one year (specify): \_\_\_\_\_  
 Affidavit of Parent/Guardian together with 1) physician's statement of opinion as to age of minor, and 2) school record of age and the above date of birth

**E. School Record** (to be completed by school that the minor attends)

|   |        |
|---|--------|
| School District   | County |
| Name of School  |        |
| School Address  |        |
| Last Grade Completed _____  |        |
| The above named minor attends school in this district and has completed the work of the above grade. To the best of my knowledge the minor can do the work proposed without impairment of progress in school. |        |
| Signature of Principal _____ Date _____   |        |

**F. Issuing Officer Certification**

|   |               |                 |
|---|---------------|-----------------|
| School District   | County        |                 |
| School District Address   |               |                 |
| Telephone No.   |               |                 |
| <input type="checkbox"/> Regular Employment Certificate                                       |               |                 |
| <input type="checkbox"/> Vacation Employment Certificate (summer & other school vacations)    |               |                 |
| <input type="checkbox"/> Age Certificate (issued to persons 18 to 21 years of age) Age: _____ |               |                 |
| Signature of Minor _____ Date _____   |               |                 |
| Signature of Issuing Officer  | Date of Issue | Certificate No. |

## WORKING PAPER INSTRUCTION SHEET

**SECTIONS A, B, C AND D MUST BE COMPLETED BEFORE WORKING PAPERS CAN BE APPROVED.**  
**PARENT/GUARDIAN MUST SIGN APPLICATION.**

Please complete the following information in pen only.

SECTION A: Complete name, address, date of birth, age, social security number, place of birth, description, and parent/guardian name and address as well as parent signature.

SECTION B: Employment area must be filled out completely by employer and signed. Be sure hours of work and wages are complete.

SECTION C: Physician's certificate must be completed by your physician. If child plays a sport at the HS and has a physical within last 2 years the school nurse can sign.

SECTION D: Original (will be returned to you) or a clear copy of your birth certificate or passport needs to be submitted with your working papers.

SECTION E: For Office Use Only (completed by school minor attends)

SECTION F: SIGNATURE OF MINOR ONLY. Other information will be completed by RBR Guidance Office.

Once the application is completed, please see:

Guidance Department  
Red Bank Regional High School  
101 Ridge Road  
Little Silver, NJ 07739  
(732) 842-8000 ext. 214 or 251

**\*\*\*ALL WORKING PAPERS DROPPED OFF IN GUIDANCE BY 12:00 NOON, WILL BE READY FOR PICK UP AT THE END OF THE SCHOOL DAY.\*\*\***