

**STUDENT MUST COMPLETE SECTIONS A, B & C
BEFORE RETURNING TO SCHOOL COUNSELING OFFICE.**

Section A: Student Information (To be filled out by you)
Parent also signs this section

Section B: Employment Information (To be filled out & signed by
employer)

Section C: Physicians Certification (To be completed and signed by
your physician)

NOTE: If you have a physical on file with BCIT, the school
nurse can sign for the doctor during the regular school
year. The school nurse is not available during the
summer months.

Section D: Proof of Age (You **MUST** bring your passport or birth
certificate with you).
The school counseling office will photocopy it to send to
the State Department of Labor along with your
application.

Section E: Completed by the school Principal and school Counselor.

Section F: Student must sign & date.

PLEASE ALLOW 48 – 72 HOURS FOR FINAL SIGNATURES.

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) _____			
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	If Yes, are the entire premises licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Person Name _____			If No, describe what areas of the premises are licensed, including any outside grounds: _____		
Telephone No. _____		Alternate Telephone No. _____			
Minor's Hours of Work (Provide daily hours and/or start and end times)			Promise of Employment: 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: _____			
Wages: Per Hour _____		Weekly _____	Other _____		
			Signature of Employer _____		Date _____
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)					
<input type="checkbox"/> Physically Qualified	<input type="checkbox"/> 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):					
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Baptismal Certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Other documentary proof in existence for at least one year (specify): _____		
<input type="checkbox"/> 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)			F. Issuing Officer Certification		
School District _____		County _____	School District _____		County _____
Burlington		Westampton	Burlington		Westampton
Name of School _____			School District Address _____		
Burlington County Institute of Technology			695 Woodlane Road, Westampton, NJ 08060		
School Address _____			Telephone No. _____		
695 Woodlane Road, Westampton, NJ 08060			609-267-4226 Extension: 8222		
Last Grade Completed _____			<input checked="" 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 _____		
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 Minor _____		Date _____
Signature of Principal _____			Date _____		
			Signature of Issuing Officer _____	Date of Issue _____	Certificate No. _____