

**SPECIAL SCHOOL PROGRAM (IF APPLICABLE) S.T.C. or C.E.** \_\_\_\_\_

NEW JERSEY DEPARTMENT OF EDUCATION/A310 COMBINED CERTIFICATION FORM \_\_\_\_\_

**(FOR AGRICULTURE, NEWSPAPER CARRIER, STREET TRADES OR THEATRICAL EMPLOYMENT)**

**A. PERSONAL INFORMATION**

NAME OF MINOR \_\_\_\_\_

ADDRESS-STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

PLACE OF BIRTH-CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE/COUNTRY \_\_\_\_\_

DESCRIPTION OF MINOR-SEX \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_

SCHOOL ATTENDED \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_

ADDRESS OF PARENT/GUARDIAN \_\_\_\_\_

I HEREBY SUBMIT AN APPLICATION FOR THE EMPLOYMENT OF MY CHILD AS SPECIFIED BELOW.

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_

**B. EMPLOYMENT INFORMATION**

(CHECK ONE)

\_\_\_\_\_ FOR **AGRICULTURE** (AGE 12-15) TO WORK OUTSIDE SCHOOL HOURS AND DURING VACATION.

NUMBER OF HOURS MINOR WILL WORK \_\_\_\_\_ WAGES \_\_\_\_\_

MINOR'S JOB TITLE **(BE SPECIFIC)** \_\_\_\_\_

\_\_\_\_\_ FOR **STREET TRADES** (AGE 14 & 15) TO WORK OUTSIDE SCHOOL HOURS AND DURING VACATION.

\_\_\_\_\_ FOR **NEWSPAPER CARRIERS** (AGE 11-15) TO WORK OUTSIDE SCHOOL HOURS AND DURING VACATION ON RESIDENTIAL ROUTES ONLY.

NUMBER OF HOURS MINOR WILL WORK \_\_\_\_\_ WAGES \_\_\_\_\_

MINOR'S JOB TITLE **(BE SPECIFIC)** \_\_\_\_\_

\_\_\_\_\_ FOR NEWSPAPER CARRIER PERMIT-NEW JERSEY PUBLISHERS \_\_\_\_\_ (AGE 11-17)

(PUBLISHER ALSO COMPLETES SECTION C BELOW)

PHYSICIAN'S CERTIFICATE OBTAINED? YES \_\_\_\_\_ NO \_\_\_\_\_ (Parent or Guardian Initial)

IF LIMITED, SPECIFY \_\_\_\_\_

TRADE NAME \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

EMPLOYER NAME (PLEASE PRINT) \_\_\_\_\_

SIGNATURE OF PUBLISHER'S AUTHORIZED REPRESENTATIVE \_\_\_\_\_

\_\_\_\_\_ FOR THEATRICAL (MINORS UNDER 16 YEARS OF AGE)

HOURS MINOR WILL WORK \_\_\_\_\_ WAGES \_\_\_\_\_

LOCATION OF EMPLOYMENT \_\_\_\_\_

MINOR'S JOB TITLE (BE SPECIFIC) \_\_\_\_\_

(ABOVE PER APPLICATION OF EMPLOYER)

THEATRICAL EMPLOYER TRADE NAME (PRODUCTION COMPANY) \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME OF SUPERVISING ADULT \_\_\_\_\_

PHYSICIAN'S CERTIFICATE OBTAINED? YES \_\_\_\_\_ NO \_\_\_\_\_ (Parent or Guardian Initial)

**C. PROOF OF AGE-TO BE COMPLETED BY ISSUING OFFICER (OR NEWSPAPER PUBLISHER)**

I HAVE EXAMINED THE PROOF OF AGE SUBMITTED BY THE ABOVE NAMED MINOR, WHICH WAS IN THE FORM OF:

(CIRCLE ONE):

a. BIRTH CERTIFICATE b. BAPTISMAL CERTIFICATE c. PASSPORT d. OTHER DOCUMENTARY PROOF IN EXISTENCE FOR AT LEAST ONE YEAR (SPECIFY) \_\_\_\_\_ e. AFFIDAVIT OF PARENT OR GUARDIAN TOGETHER WITH (1) PHYSICIANS STATEMENT OF OPINION AS TO AGE OF MINOR, AND (2) SCHOOL RECORD OF AGE AND THE ABOVE DATE OF BIRTH.

SIGNATURE \_\_\_\_\_  
(Issuing Officer or Publisher's Authorized Representative)

**D. ISSUING OFFICER CERTIFICATION**

SCHOOL DISTRICT \_\_\_\_\_ COUNTY \_\_\_\_\_

SCHOOL DISTRICT ADDRESS \_\_\_\_\_

SIGNATURE OF ISSUING OFFICER \_\_\_\_\_ DATE OF ISSUE \_\_\_\_\_

SIGNATURE OF MINOR \_\_\_\_\_

**AGRICULTURE:** VALID DATES FROM \_\_\_\_\_ TO \_\_\_\_\_ (FOR 6 MONTH PERIOD)

**THEATRICAL:** VALID DATES FROM \_\_\_\_\_ TO \_\_\_\_\_ (FOR 3 MONTH PERIOD)

**IF PERMIT PREVIOUSLY ISSUED, INDICATE DATE** \_\_\_\_\_

(NOT NEEDED FOR NEWSPAPER CARRIER)