

****PLEASE READ****

SOMA WORKING PAPERS CHECKLIST
THE FOLLOWING MUST BE COMPLETED
BEFORE WE CAN PROCESS.
PROCESSING BY CHS IS THE LAST STEP.

USE THE CHECKLIST TO HELP KEEP TRACK OF ITEMS

___ SECTION A: Minor's Personal Info. Don't forget SS# and Parent/Guardian Signature.

___ SECTION B: Employment Info. Must indicate wage and hours and be signed by employer.

___ SECTION C: Physician's statement. Minor must get this info from their doctor.

___ SECTION D: Proof of age. A copy (see form for what is required) must be scanned along with completed form to the Issuing Officer. This will be sent to the Dept. of Labor.

___ SECTION E: School Record. **The CHS Issuing Officer will do this if the minor attends CHS. IF THE MINOR DOES NOT ATTEND CHS, THIS MUST BE FILLED OUT AND SIGNED BEFORE IT IS SCANNED OVER.**

___ SECTION F: Minor, please sign on appropriate line. (Usually this is done in person, but is being done in advance during Distance Learning.)

UPON COMPLETION OF THE ABOVE REQUIREMENTS, PLEASE SCAN
FORM AND PROOF OF AGE
IN PDF FORM, NOT JPEG

TO:

acupo@somsd.k12.nj.us

The Issuing Officer will then complete:

Section E – **ONLY IF THE MINOR IS A CHS STUDENT. IF NOT, PLEASE SEE ABOVE.**

Section F – **Reminder: Minor please sign first!**

The completed form will then be emailed back to you.

THANK YOU FOR YOUR COOPERATION!!

NOTE: There is a free app called Tiny Scanner you could use if need be.

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 If Yes, are the entire premises licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe what areas of the premises are licensed, including any outside grounds: _____			
Contact Person Name						
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				
Name of School		School District Address				
School Address		Telephone No.				
Last Grade Completed _____		<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: _____				
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.				