

**\*\*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.)

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

**TO:**

**[workingpapers@somsd.k12.nj.us](mailto:workingpapers@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

<b>A. Minor's Personal Information</b>						
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.				
			_____ <i>Signature of Parent/Guardian</i> <i>Date</i>			
<b>B. Employment Information</b>						
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)		<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: _____
Wages: Per Hour _____		Weekly _____	Other _____			
		_____ <i>Signature of Employer</i> <i>Date</i>				
<b>C. Physician's Certification</b> (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			
<b>D. Proof of Age</b> (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						
<b>E. School Record</b> (to be completed by school that the minor attends)		<b>F. Issuing Officer Certification</b>				
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.		_____ <i>Signature of Minor</i> <i>Date</i>				
Signature of Principal      Date						
				_____ <i>Signature of Issuing Officer</i> <b>Date of Issue</b> <b>Certificate No.</b>		