



2020 2021 WORKING PAPER INSTRUCTIONS

Congratulations on your new job. Please follow the directions below for completing and submitting your working papers form. All forms should be submitted to workingpapers@epsnj.org. Working papers are processed Monday through Friday from 8am to 3pm.

Before you begin, remember to **Use a Blue or Black Ink Pen to Complete the Form**

Step 1:

Section A. Fill out this section completely on the available fields in the form. **REMEMBER TO COMPLETE THE PARENT/GUARDIAN SIGNATURE. ONLY THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER ARE NEEDED ON THE FORM**

Step 2:

Section B. Have employer complete this section in its entirety and **sign**. The employer **MUST** provide a start and end time. For example **5pm to 9pm** or **10:30am to 3pm**.

Step 3:

Section C. Physician's Section. This must be completed and signed by a licensed physician. The Physician's office **MUST stamp the form with a valid office stamp** that includes the doctor's office address.

Step 4:

Section E. Fill in your school address and last grade completed, for example if you are presently in the 11th grade, you would put in 10th in that section.

Step 5:

Section F. Student must sign Section F. Sign above the line that says signature of minor.

Step 6: Once Sections A-F have been **COMPLETED** Scan the form using Office Lens (It is a free Microsoft App, sign in with your district student email address)

Directions to scan the form for Droid Operating Systems

- 1) Open Office Lens, choose document
- 2) Tap the white circle to scan
- 3) Adjust borders to capture the whole form (if needed) then select "CONFIRM"
- 4) Next select the orange "DONE" button
- 5) Next Edit the **title with your student name and student ID number** ex. (Jane Smith 123456) choose "PDF" and hit save
- 6) Email the saved file to workingpapers@epsnj.org . In your email please include **your name, school, student ID#, and email address where you can be contacted**. You will receive a response within 48 hours.

Directions to scan the form for iPhone Users

- 1) Open Office Lens, choose document
- 2) Tap the white circle to scan
- 3) Adjust borders to capture the whole form (if needed) then select "DONE"
- 4) Next select the orange "DONE" button
- 5) Next Edit the **title with your student name and student ID number** ex. (Jane Smith 123456) choose "PDF" and select "phone storage"
- 6) Email the saved file to workingpapers@epsnj.org . In your email please include **your name, school, student ID#, and email address where you can be contacted**. You will receive a response within 48 hours.

If you should have any questions please contact Mr. Donald Stewart at workingpapers@epsnj.org or 908-436-6543.

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. _____ Signature of Parent/Guardian Date
City	State	Zip Code	
Parent/Guardian Telephone No.	Alternate Telephone No.		

B. Employment Information

Employer Business Name	Type of Business/Industry										
Street Address (where minor will be employed)	Floor/Suite (Line 2)										
City	State Zip Code										
Contact Person Name	Minor's Job Title (Be specific)										
Telephone No.	Alternate Telephone No.										
Minor's Hours of Work (Provide daily hours and/or start and end times)	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: _____										
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Mon</td> <td style="text-align: center;">Tues</td> <td style="text-align: center;">Wed</td> <td style="text-align: center;">Thurs</td> <td style="text-align: center;">Fri</td> </tr> <tr> <td>Sat _____</td> <td>Sun _____</td> <td colspan="3">Total Hours for Week: _____</td> </tr> </table>	Mon	Tues	Wed	Thurs	Fri	Sat _____	Sun _____	Total Hours for Week: _____			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. _____ Signature of Employer Date
Mon	Tues	Wed	Thurs	Fri							
Sat _____	Sun _____	Total Hours for Week: _____									
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
Elizabeth	Union
Name of School	School District Address
School Address	500 N. Broad St. Elizabeth, NJ 07208
Last Grade Completed _____	Telephone No. 9084366543
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.	<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 Principal Date

F. Issuing Officer Certification

School District	County
Elizabeth	Union
School District Address	500 N. Broad St. Elizabeth, NJ 07208
Telephone No.	9084366543
<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 Issuing Officer Date of Issue Certificate No.	