

WORK PERMIT INSTRUCTIONS
New Jersey Department /A300 Combined Employment Certificate

WE PROCESS ONLY NEWARK RESIDENTS
You MUST have a Newark Address

PLEASE HAVE SECTIONS A-C, SECTION F, AND SIGNATURE OF MINOR ON SECTION G
COMPLETED BEFORE BRINGING THE WORKING PAPERS TO US:

PLEASE **PRESS FIRMLY** AND **DO NOT** CROSS OUT ON THE FORM
PLEASE PRINT

1. **PERSONAL INFORMATION: Section A**
(To be completed by Minor)
2. **EMPLOYMENT INFORMATION: Section B** (To be completed entirely by the Employer)
PLEASE NOTE: There must be a complete address with city and state.
The Minor's Title should be Specific – (Cashier, Sales Associate, Cook, etc...)
We can not accept titles such as (Crew Member, Team Member, Operator, etc.). It must be SPECIFIC.
The hours should be filled out in NUMBERS. The Employer may put the amount of hours the minor will work or the Employer can fill in the hours by Start and End Time. We can not accept a check (✓) or (X) next to the Days the minor will work.
The Wage should also be filled in.
(Signature of Employer)
(Signature of the Parent or Legal Guardian)
3. **PHYSICIAN CERTIFICATE: Section C** (To be completed entirely by the Primary or School Physician)
PLEASE NOTE: The Primary Physician or School Physician's Address Stamp must be on the working Paper.
(Signature of the Doctor Only)
PLEASE NOTE: The physician who performs the physical is to sign; Nurses can **NO LONGER** sign the physical.
4. **SCHOOL RECORD: Section F** (To be completed entirely by the School the Minor Attends)
(Signature of Principal)
PLEASE NOTE: Signature of the Principal is **NOT REQUIRED** during the months of JULY AND AUGUST
5. **ISSUING OFFICER CERTIFICATION: Section G**
(Signature of the Minor Only)

BRING YOUR WORKING PAPERS, SOCIAL SECURITY CARD, AND ONE OF THE ITEMS LISTED BELOW:

1. Birth Certificate
2. Baptismal Certificate – **Must have City/State of Birth & Birth Date**
3. Passport
4. Permanent Resident Card

BRING TO: Newark Public Schools, Attendance Office, 2 Cedar Street Room 912

Monday – Friday between the hours of 9am to 4 pm
(973) 733-7195 733-7196 733-7292

PARENT OR GUARDIAN CAN BRING THE WORK PERMIT APPLICATION
YOUR CHILD SHOULD REMAIN IN SCHOOL.
WE WILL NOT PROCESS MINORS DURING SCHOOL HOURS

INSTRUCCIONES DE PERMISO DE TRABAJO
DEPARTAMENTO DE NUEVA JERSEY /A300 CERTIFICADO DE EMPLEO COMBINADO

SOLO PROCESAMOS RESIDENTS DE LAS CIUDAD DE NEWARK

Por favor tenga Secciones A-C, Sección F, y la firma del Menor en la Sección G llenas
ANTES de traer los papeles de permiso:

POR FAVOR FIRME CLARO EN LA FORMULA

- 1. INFORMATION PERSONAL: Sección A**
(Tiene que ser llenado por Menor)
- 2. INFORMATION DEL EMPLEADOR: Sección B** (Tiene que ser llenado por Empleador)
POR FAVOR NOTE: Tiene que llenar dirección completa con ciudad y estado. El título de trabajo del menor tiene que ser específico – (Cashier, Sales Associate, Cook, etc...). No podemos aceptar títulos como (Crew Member, Team Member, Operator, etc.). **TIENE QUE SER ESPECIFICO**
Las horas de trajo tiene que ser llenado en NUMEROS. El Empleador puede llenar las horas que el menor puede trabajar o el empleador puede llenar con hora de comienzo y horra que termina No Podemos aceptar (✓) o (X) en los días que el menor puede trabajar.
La cantidad de pago tiene que ser llenada también.
(Firma de Empleador)
(Firma de Padre o Madre o Guardián Legal)
- 3. CERTIFICADO DE DOCTOR: Sección C** (Tiene que ser llenado por Doctor o el Doctor de la escuela)
POR FAVOR NOTE: El Doctor Primario o Doctor de la escuela tiene que poner su estampilla de la oficina en los papeles.
(Firma del Doctor solamente)
POR FAVOR NOTE: El doctor que hace el físico del menor tiene que firmar; Enfermeras **NO PUEDEN FIRMAR** la sección del físico.
- 4. RECORD DE LA ESCUELA: Sección F** (Tiene que ser llenado por la Escuela que el Menor asiste)
(Firma del Principal)
POR FAVOR NOTE: La Firma del Principal **NO ES NECESARIA** durante los meses de JULIO Y AGOSTO.
- 5. CERTIFICATION DE ISSUING OFFICER: Sección G**
(Firma del Menor solamente)

POR FAVOR DE TRAER LOS PAPELES DE TRABAJO, TARJETA DE SEGURO SOCIAL, Y UNA DE LAS COSAS MENCIONADA:

1. Certificado de Nacimiento
2. Certificado de Bautismo – Tiene que tener Ciudad/Estado de Nacimiento y Fecha de Nacimiento
3. Pasaporte
4. Carta de Residente Permanente

TRAER A : Newark Public Schools, Office of Attendance , 2 Cedar Street, Numero de Oficina 912

Lunes – Viernes entre las horas de 9am y 4pm
(973) 733-7195 733-7196 733-7292

LOS PADRES O GUARDIÁN PUEDEN TRAER LOS PAPELES DE TRABAJO
SU NIÑO(A) TIENE QUE PERMANECER EN LA ESCUELA
NOSOTROS NO PROCESAREMOS MENORES DURANTE HORARIOS ESCOLARES

SECTIONS A, B, C, AND F SHOULD BE FILLED OUT COMPLETELY

SPECIAL SCHOOL PROGRAM (IF APPLICABLE) S.T.C. or C.I.E. # _____

NEW JERSEY DEPARTMENT OF EDUCATION/A300 COMBINED CERTIFICATION FORM _____

A. PERSONAL INFORMATION

NAME OF MINOR John Smith
 ADDRESS-STREET 123 Main Street CITY Newark STATE NJ ZIP CODE 07106
 DATE OF BIRTH 5/4/90 AGE 16 SOCIAL SECURITY # 123-45-6789
 PLACE OF BIRTH-CITY Newark COUNTY Essex STATE/COUNTRY NJ/USA
 DESCRIPTION OF MINOR-SEX M HEIGHT 5'6" WEIGHT 145 HAIR COLOR Blk EYE COLOR Brn
 DISTINGUISHING FACIAL MARKS _____
 NAME OF PARENT/GUARDIAN Mary Smith
 ADDRESS OF PARENT/GUARDIAN 123 Main Street Newark, NJ 07106

B. EMPLOYMENT INFORMATION-TO BE COMPLETED BY EMPLOYER

EMPLOYER TRADE NAME Pathmark TYPE OF BUSINESS/INDUSTRY Supermarket
 ADDRESS WHERE MINOR IS TO BE EMPLOYED 456 Lock Street Bloomfield, NJ 07890
 CONTACT PERSON Chris Doe PHONE # 973-897-87656

MINOR'S JOB TITLE-BE SPECIFIC Cashier

PROMISE OF EMPLOYMENT-I HAVE OFFERED EMPLOYMENT TO THE ABOVE NAMED MINOR FOR THE HOURS STATED BELOW.
 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.

HOURS OF WORK (MUST INDICATE NUMBER OF HOURS AND/OR STARTING AND STOPPING TIMES):

M 5 T 5 W _____ T 5 I _____ S 6 S 6 TOTAL HOURS FOR WEEK 27

INDICATE IF REGULAR EMPLOYMENT CERTIFICATE X OR VACATION EMPLOYMENT CERTIFICATE _____
 (SUMMER AND OTHER SCHOOL VACATIONS)

WAGES 6.15 PER HOUR OR _____ PER WEEK OR OTHER (PLEASE SPECIFY) _____

IS LIQUOR SOLD FOR CONSUMPTION ON THE PREMISES? YES _____ NO _____

IF "YES," ARE THE ENTIRE PREMISES LICENSED? YES _____ NO _____

IF "NO," DESCRIBE WHAT AREAS OF THE PREMISES ARE LICENSED, INCLUDING ANY OUTSIDE GROUNDS _____

SIGNATURE OF EMPLOYER TO BE SIGNED BY HIRING MANAGER _____

I HEREBY AUTHORIZE THE EMPLOYMENT OF MY CHILD AS SPECIFIED ABOVE.

SIGNATURE OF PARENT/GUARDIAN TO BE SIGNED BY PARENT OR LEGAL GUARDIAN _____

C. PHYSICIAN'S CERTIFICATION-TO BE COMPLETED BY LICENSED PHYSICIAN

I HEREBY CERTIFY THAT I HAVE EXAMINED THE ABOVE-NAMED MINOR ON _____ Date of physical _____ (DATE)
 AND I DESIGNATE BELOW BY PLACING A CIRCLE AROUND THE PROPER LETTER IN THE PHYSICAL QUALIFICATIONS OF THE
 MINOR SPECIFIED IN THE STATEMENT OF THE PROSPECTIVE EMPLOYER AS SHOWN ON THE PROMISE OF EMPLOYMENT

A. PHYSICALLY QUALIFIED B. PHYSICALLY QUALIFIED WITH THE FOLLOWING

LIMITATIONS: TO BE SIGNED BY PHYSICIAN WHO PERFORMED PHYSICAL

SIGNATURE OF DOCTOR NURSES CAN NOT SIGN ADDRESS OFFICE STAMP ADDRESS

D. PROOF OF AGE-TO BE COMPLETED BY ISSUING OFFICER

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.

E. AGE CERTIFICATE-ISSUED TO PERSONS 18 TO 21 YEARS OF AGE _____

COMPLETE SECTIONS A, D, F, G

F. SCHOOL RECORD-TO BE COMPLETED BY SCHOOL THAT THE MINOR ATTENDS

SCHOOL DISTRICT Newark COUNTY Essex
 NAME OF SCHOOL Barringer High SCHOOL ADDRESS 90 Parker St. Nwk,
 LAST GRADE COMPLETED 10

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 PRINCIPAL PRINCIPAL'S SIGNATURE IS NOT REQUIRED DURING JULY AND AUGUST

G. ISSUING OFFICER CERTIFICATION

SCHOOL DISTRICT Newark Essex County COUNTY _____
 SCHOOL DISTRICT ADDRESS 2 Cedar St. Newark, N.J. 07102
 SCHOOL DISTRICT TELEPHONE # 973-733-7292

SIGNATURE OF MINOR TO BE SIGNED BY THE MINOR ONLY (STUDENT APPLYING)

SIGNATURE OF ISSUING OFFICER _____ DATE OF ISSUE _____

ENTER DATE PREVIOUSLY ISSUED EMPLOYMENT CERTIFICATE ON FILE, IF ANY _____

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 _____
DISTINGUISHING FACIAL MARKS _____
NAME OF PARENT/GUARDIAN _____
ADDRESS OF PARENT/GUARDIAN _____

B. EMPLOYMENT INFORMATION-TO BE COMPLETED BY EMPLOYER

EMPLOYER TRADE NAME _____ TYPE OF BUSINESS/INDUSTRY _____
ADDRESS WHERE MINOR IS TO BE EMPLOYED _____
CONTACT PERSON _____ PHONE # _____

MINOR'S JOB TITLE-BE SPECIFIC _____

PROMISE OF EMPLOYMENT-I HAVE OFFERED EMPLOYMENT TO THE ABOVE NAMED MINOR FOR THE HOURS STATED BELOW.
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.

HOURS OF WORK (MUST INDICATE **NUMBER** OF HOURS AND/OR STARTING AND STOPPING TIMES):

M _____ T _____ W _____ T _____ F _____ S _____ S _____ TOTAL HOURS FOR WEEK _____

INDICATE IF REGULAR EMPLOYMENT CERTIFICATE _____ OR VACATION EMPLOYMENT CERTIFICATE _____
(SUMMER AND OTHER SCHOOL VACATIONS)

WAGES _____ PER HOUR OR _____ PER WEEK OR OTHER (PLEASE SPECIFY) _____

IS LIQUOR SOLD FOR CONSUMPTION ON THE PREMISES? YES _____ NO _____

IF "YES," ARE THE ENTIRE PREMISES LICENSED? YES _____ NO _____

IF "NO," DESCRIBE WHAT AREAS OF THE PREMISES ARE LICENSED, INCLUDING ANY OUTSIDE GROUNDS _____

SIGNATURE OF EMPLOYER _____

I HEREBY AUTHORIZE THE EMPLOYMENT OF MY CHILD AS SPECIFIED ABOVE.

SIGNATURE OF PARENT/GUARDIAN _____

C. PHYSICIAN'S CERTIFICATION-TO BE COMPLETED BY LICENSED PHYSICIAN

I HEREBY CERTIFY THAT I HAVE EXAMINED THE ABOVE-NAMED MINOR ON _____ (DATE)
AND I DESIGNATE BELOW BY PLACING A CIRCLE AROUND THE PROPER LETTER IN THE PHYSICAL QUALIFICATIONS OF THE
MINOR SPECIFIED IN THE STATEMENT OF THE PROSPECTIVE EMPLOYER AS SHOWN ON THE PROMISE OF EMPLOYMENT

A. PHYSICALLY QUALIFIED B. PHYSICALLY QUALIFIED WITH THE FOLLOWING

LIMITATIONS: _____

SIGNATURE OF DOCTOR _____ **ADDRESS** _____

D. PROOF OF AGE-TO BE COMPLETED BY ISSUING OFFICER

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.

E. AGE CERTIFICATE-ISSUED TO PERSONS 18 TO 21 YEARS OF AGE _____

COMPLETE SECTIONS A, D, F, G

F. SCHOOL RECORD-TO BE COMPLETED BY SCHOOL THAT THE MINOR ATTENDS

SCHOOL DISTRICT _____ COUNTY _____
NAME OF SCHOOL _____ SCHOOL ADDRESS _____
LAST GRADE COMPLETED _____

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 PRINCIPAL _____

G. ISSUING OFFICER CERTIFICATION

SCHOOL DISTRICT _____ COUNTY _____
SCHOOL DISTRICT ADDRESS _____
SCHOOL DISTRICT TELEPHONE # _____
SIGNATURE OF MINOR _____
SIGNATURE OF ISSUING OFFICER _____ DATE OF ISSUE _____

ENTER DATE PREVIOUSLY ISSUED EMPLOYMENT CERTIFICATE ON FILE, IF ANY _____