

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
ALBANY, NEW YORK 12234

APPLICATION FOR EMPLOYMENT CERTIFICATE

See reverse side of this form for information concerning employment of minors.

All signatures must be handwritten in ink, and applicant must appear in person before the certifying official.

PART I – Parental Consent – (To be completed by applicant and parent or guardian)

Parent or guardian must appear at the school or issuing center to sign the application for the first certificate for full-time employment, unless the minor is a graduate of a four-year high school and presents evidence thereof. For all other certificates, the parent or guardian must sign the application, but need not appear in person to do so.

Date.....

I, Age,
[Applicant]

Home address apply for a certificate as checked below:
[Full Home Address including Zip Code]

- Nonfactory Employment Certificate – Valid for lawful employment of a minor 14 or 15 years of age enrolled in day school when attendance is not required.
- Student General Employment Certificate – Valid for lawful employment of a minor 16 or 17 years of age enrolled in day school when attendance is not required.
- Full-Time Employment Certificate – Valid for lawful employment of a minor 16 or 17 years of age who is not attending day school.

I hereby consent to the required medical examination and employment certification as indicated above.

.....
[Signature of Parent or Guardian]

PART II – Evidence of Age – (To be completed by issuing official only)

..... -- Check evidence of age accepted -- Document # (if any)
[Date of Birth]

Birth Certificate State Issued Photo I.D. Driver's License Schooling Record Other.....
[Specify]

PART III – Certificate of Physical Fitness

Applicant shall present a Certificate of Physical Fitness from a school or private physician. Said examination must have been given within 12 months prior to issuance of the employment certificate.

If the Certificate of Physical Fitness is limited, the issuing official shall issue a Limited Employment Certificate (valid for a period not to exceed 6 months unless the limitation noted by the physician is permanent, then the certificate will remain valid until the minor changes jobs. Enter the limitation on the employment certificate.

PART IV – Pledge of Employment – (To be completed by prospective employer)

Part IV must be completed only for: (a) a minor with a medical limitation; and (b) for a minor 16 years of age who is leaving school, and resides in a district (New York City and Buffalo) which require a minor 16 years of age who is not employed to attend school, according to Section 3205 of the Education Law.

The undersigned will employ residing at
[Applicant]

as at
[Description of Applicant's Work] [Job Location]

for days per week hours per day, beginning a.m. p.m.

..... ending a.m. p.m.
[Name of Firm] Factory Nonfactory

.....
[Address of Firm]

Starting date
[Telephone Number] [Signature of Employer]

PART V – Schooling Record – (To be completed by school official)

Part V must be completed only for a minor 16 years of age who is leaving school, and resides in a district (New York City and Buffalo) which require a minor 16 years of age to attend school, according to Section 3205 of the Education Law.

I certify that the records of
[Name of School] [Address]

show that whose date of birth is
[Name of Applicant]

is in grade
[Signature of Principal or Designee]

PART VI – Employment Certification – (To be completed by issuing official only)

Certificate Number Date Issued

.....
[School or Issuing Center] [Address] [Signature of Issuing Official]

THIS APPLICATION DOES NOT AUTHORIZE EMPLOYMENT

AT-16

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
ALBANY, NEW YORK 12224

PHYSICAL FITNESS CERTIFICATION

Colonie Central High School
1 Raider Boulevard, Albany, NY 12205

(name of school)

(address)

(name of applicant)

(address)

(date of birth)

(sex)

INSTRUCTIONS: Complete part A unless certificate is limited — in which case complete part B.

A. I hereby certify that I have examined the above named applicant and find he is physically qualified for lawful employment.

(date)

(signature of physician and address)

B. I hereby certify that I have examined the above named applicant and find he has a disability that requires limited employment.

(1) Disability —

(2) Occupation —

(3) Employer —

(date)

(signature of physician and address)

If a limited certificate is indicated, the disability, occupation, and employer must be indicated to make this certificate valid.