

**BOONE/WINNEBAGO REGIONAL OFFICE OF EDUCATION
APPLICATION FOR EMPLOYMENT CERTIFICATE**

Student's Name _____ Date of Birth _____

Address _____ Phone Number: _____

City _____ State _____ Zip Code _____

Social Security No. _____

EMPLOYER'S STATEMENT

Name of Company _____

Address of Company _____ City _____ Zip _____

Phone No. _____ Nature of Business _____

Student's job title and a **description of the work** that the student will do:

Student will work _____ school days per week; _____ Hours per school day.

He/she will work _____ hours on Saturday and/ or Sunday.

Are alcoholic beverages served? Yes _____ No _____

Is this summer work only? Yes _____ No _____

Signature of Company Official Date

Title