AT-20

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

Full-time Employment Certificate
Valid for Full-time Employment of Minor
16 or 17 Years of Age

Number _____ Date of Issuance _____

Name of Minor _____

Date of Birth _____ Social Security Number _____

Signature of Minor in Presence of Issuing Official _____

(School Building and Public School District) _____

Signature of Issuing Official _____

Rev. 9/91

C. F. Williams & Son, P.O. Box 828, Albany, N. Y. 12201