



COSMETOLOGY APPLICATION **CCC School #702285** Vernon School #702019

Applicant Information				
Last Name		First		MI.
Street Address				Apartment/Unit #
City		State		ZIP
Phone		E-mail Address		
Social Security No.				
Program Applied for: (circle one) Barber Cosmetology Barber Crossover Eyelash Tech Nail Tech				
Have you ever had a professional license or certification revoked?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what license and year revoked.
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Date of Birth:		(Circle one) Right handed Left handed		
Education				
High School			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
GED:		Year:	Name:	
Previous Cosmetology/Barber Hours?			School:	
College			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Degree	

References

Please list two professional references.

Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
Company	Phone ()
Address	
*Vernon College reserves the right to contact former employees and references.	

LIST TWO PERSONS TO BE NOTIFIED IN AN EMERGENCY

(Name)	(Relationship) Number	(Telephone
1.		
2.		

Vernon College prepares students for licensure/certification in the State of Texas (unless otherwise notated). It is the student's responsibility to ensure that they can take the licensure/certification exam in the career field of the State in which the student plans to work or live.

Initial _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date