



COSMETOLOGY APPLICATION

Applicant Information					
Last Name			First		MI.
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Social Security No.					
Program Applied for					
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	
Are you 18 years of age or older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Education					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
GED: Year:		Name:			
Previous Cosmetology Hours?		School:			
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
References					
<i>Please list two professional references.</i>					
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		
1.		
2.		
(Name)	(Relationship) Number)	(Telephone

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