

List all colleges/vo-techs attended since high school.

School: _____ City, State: _____ Major/Course: _____

Graduation Date: _____ Grade Average: _____ Activities/honors: _____

School: _____ City, State: _____ Major/Course: _____

Graduation Date: _____ Grade Average: _____ Activities/honors: _____

EMPLOYMENT HISTORY: Most recent.

Employer: _____ City, State: _____ Phone: _____

Position: _____ Start Date: _____ End Date: _____ Salary: _____

QUESTIONS:

How did you hear about The Academy? _____

Why do you want to enter this career? _____

Have you ever been convicted of a crime? _____

If "yes", please explain: _____

Do you have any health issues that could impact your training? For example allergies, etc. Please explain.

STARTING DATE:

Cosmetology: Month _____ Year _____

Esthetics: Month _____ Year _____

Nail Technology: Month _____ Year _____

Massage Therapy: Month _____ Year _____

I certify that all statements made in this application are complete and true.

Signature: _____ Date: _____