

BEYOND MEASURE BARBERING INSTITUTE

APPLICATION FOR STUDENT ENROLLMENT



Beyond Measure Barbering Institute is an equal opportunity institution and does not discriminate against any applicant or contractor because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, BMB complies with applicable state laws governing non-discrimination in enrollment and employment in every jurisdiction in which it maintains facilities. BMB also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

APPLICANT INFORMATION												
Last Name				First				M.I.		Date		
Street Address								Apartment/Unit #				
City				State				ZIP				
Phone				E-mail Address								
Date Available				Social Security No.				Desired Salary				
Position Applied for												
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, explain					
Have you been a student or licensed as a barber in other state?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, license #					
EDUCATION												
High School				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
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 three personal or professional references.</i>												
Full Name						Relationship						
Company						Phone						
Address												
Full Name						Relationship						
Company						Phone						
Address												
Full Name						Relationship						
Company						Phone						
Address												

***COMPLETE THIS SECTION ONLY IF YOU ARE APPLYING FOR EMPLOYMENT**

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

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MILITARY SERVICE	
Branch	From and to date
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to placement, I understand that false or misleading information in my application or interview may result in my release.	
<i>Signature</i>	<i>Date</i>

***Please write a short summary as to why you want to become a barber.**
