

ADMISSIONS APPLICATION

PERSONAL INFORMATION

NAME _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
HOME # _____ CELL# _____ CARRIER _____
DRIVER LICENSE# _____ BIRTH CITY _____ STATE _____
SOCIAL SECURITY# _____ DOB _____
EMAIL _____
EMPLOYER _____ WORK PHONE _____

GENERAL INFORMATION

MALE/FEMALE _____ MARITAL STATUS _____ RACE _____
HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____
LIST ANY PHYSICAL DISIABILITIES _____
VETERAN YES ___ NO ___ HS DIPLOMA/GED ___ YEAR _____
HIGH SCHOOL/GED NAME _____

EMERGENCY CONTACT #1

NAME _____ RELATIONSHIP _____
ADDRESS _____
HOME PHONE _____ CELL PHONE _____
EMPLOYER _____ WORK PHONE _____

EMERGENCY CONTACT #2

NAME _____ RELATIONSHIP _____
ADDRESS _____
HOME PHONE _____ CELL PHONE _____
EMPLOYER _____ WORK PHONE _____

CURRENT JOB

EMPLOYER NAME _____

POSITION: _____

WORK SCHEDULE: _____

ADMISSION INFORMATION:

DATE YOU WISH TO START SCHOOL: _____

GIVE PRIOR EXPERIENCE IN BARBERING OR COSMETOLOGY,

IF ANY: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME, FELONY OR DRUG RELATED
CHARGES? _____ IF YES, EXPLAIN NATURE OF CRIME AND DATE OF
CONVICTION

IN FULL:

PLEASE NOTE:

A FBI CRIMINAL BACKGROUND CHECK IS MANDATORY FOR ALL POTENTIAL STUDENTS.

HOW DID YOU HEAR ABOUT **Beyond Measure Barbering Institute?**

I, _____, CERTIFY THE INFORMATION I HAVE GIVEN
ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE