

EMPLOYMENT

Employer Name: _____

Employer Address: _____
Name and Street

City or Town State Country Zip Code

Employer Phone Number: (_____) _____ Nature of Work: _____

EDUCATIONAL DATA

Name of High School: _____ Dates Attended: _____ to _____

School Address: _____
Name and Street

City or Town State Country Zip Code

School Phone Number: (_____) _____

Did you graduate? yes no Date of Graduation: _____

If you did not graduate from high school did you, or are you going to, earn a GED?
 yes no Date Received: _____

Name of College: _____ Dates Attended: _____ to _____

School Address: _____
Name and Street

City or Town State Country Zip Code

School Phone Number: (_____) _____

Did you graduate? yes no Date of Graduation: _____

Did you attend any other school? yes no If yes, please list: _____

I, _____, hereby state that all of the forgoing information is true and
Name Please Print
correct to the best of my knowledge. I understand that it will be held in strict confidence and will be used
only for determining the degree to which I may benefit from this training.

Applicant Signature Date

I, _____, hereby state that I have been fully appraised of all the State
Name Please Print
of Connecticut Requirements in the pursuit of, and attainment of, the Hairdressing and Cosmetology
License. I agree to complete my course in timely fashion and adhere to all the policies governing conduct
and education at T.E.A.C.H. as outlined in the Rules Regulation Handbook.

Applicant Signature Date