



Admissions Application

Beyond Measure Barbering Institute

PERSONAL INFORMATION:

NAME: _____

HOME ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

HOME #: _____ CELL # _____ CARRIER _____

DRIVER LICENSE # _____ BIRTH CITY/STATE _____

SOCIAL SECURITY #: _____ DOB: _____

EMAIL _____

GENERAL INFORMATION:

MALE/FEMALE: _____ MARITAL STATUS: _____ RACE _____

HEIGHT: _____ WEIGHT: _____ HAIRCOLOR: _____ EYE COLOR: _____

LIST ANY PHYSICAL DISABILITIES: _____

VETERAN YES _____ NO _____ HS DIPLOMA OR GED _____ YEAR _____

EMERGENCY CONTACT 1: _____ RELATIONSHIP _____

ADDRESS: _____

HOME TEL # _____ CELL TEL # _____

EMPLOYER: _____ WK # _____

EMERGENCY CONTACT 2: _____ RELATIONSHIP _____

ADDRESS: _____

HOME TEL # _____ CELL TEL # _____

EMPLOYER: _____ WK# _____

NOTE: CONTINUE TO BACK PAGE

WORK HISTORY

EMPLOYER NAME / ADDRESS: _____

PHONE # _____

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