

Training Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

When are you available to start?
(Month/Year) _____

Are you currently a licensed cosmetologist/
Aesthetcian OR In School to become one?

Where are you attending school?

Why are you interested in becoming a Permanent Cosmetic Artist?

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? _____ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? _____ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? _____ Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. .

Signature: _____ Date: _____

Please print and complete this application.
Once completed please forward via email to: dianethebrowchick@gmail.com.
Please allow 10-14 days for receipt/review.

If you would like to tell us anything about yourself that you think would be important we know about you when we review your application, please add it here 😊.