



Cosmetology Department

TEACHER
TRAINEE
APPLICATION

Date _____

Name _____

Address _____
Number & Street

_____ City _____ Zip

Home phone _____ Work phone _____

Cosmetology School Attended _____

Year graduated _____ Cosmetology license number _____

Social Security Number _____ Date of birth _____

Degree AA BA

If none, why? _____

FOR OFFICE USE ONLY

Validated on _____

Validated by _____

White copy: Cosmetology Department - Yellow copy: Applicant