

**TUCSON COLLEGE OF BEAUTY
STUDENT APPLICATION**

Legal Name _____

Former Name _____

SSN ___ - ___ - ___ Date of Birth ___ - ___ - ___ Ethnic Background _____ *not required

Marital Status _____ Head of Household? ___ yes ___ no

Drivers License # _____ State Issued _____ Expiration Date _____

Mailing Address _____
Street _____ City _____ State _____ Zip _____

E-mail Address _____ U.S. Veteran? ___ yes ___ no

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Citizenship Status: U.S. Citizen _____ Other _____ if other, what country _____

Have you ever been convicted of a felony? ___ YES, explain _____ NO _____

What program are you interested in:

- Cosmetology Program
- Esthetician Program
- Cosmetology Instructor Program

Educational Information

High School _____ Graduate? ___ YES ___ NO

College _____ Degree? ___ YES ___ NO

Vocational Training _____ Graduate? ___ YES ___ NO

Employment History

Present or previous employer: _____ Phone # _____

Title: _____ Name of Supervisor _____

Description of work: _____

Previous employer: _____ Phone # _____

Title: _____ Name of Supervisor _____

Description of work: _____

Are you planning on working while going to school? ___ YES ___ NO

If so, where? _____ Phone # _____

How did you hear about Tucson College of Beauty? _____

I acknowledge that all of the above information is true and correct. I understand that if any of the information is found to be untrue it is grounds for termination from the school.

PRINT NAME

SIGNATURE/DATE