

APPLICATION FORM

— BLOOM BEAUTY INSTITUTE



PLEASE SUBMIT THIS FORM ALONG WITH:

- State Of Missouri Division of Professional Registration Student Enrollment Application
- Non-refundable \$100.00 application fee payable to Bloom Beauty Institute
- \$5.00 licensing fee payable to Missouri State Board of Cosmetology & Barber Examiners

EMAIL THE FOLLOWING TO: bloombeautyinstitute@gmail.com *include your name in subject line

- Proof of Education: High School Diploma, homeschooling certificate, GED or transcript
- Copy of Driver's License or Birth Certificate (proof of age)
- Two headshot style photos of yourself (2"x2" passport photos)

PERSONAL INFORMATION

Full Legal Name

Preferred Name Date Of Birth

Street Address City

State Zip Code

E-Mail Phone #

Do you consent to us contacting you via text message or email for enrollment and education purposes? Yes No

Are you a US Citizen Yes No Gender Female Male

Have you ever been convicted of a felony? Yes No

If yes, please summarize the charges

Allergies/Medical Conditions

Will any medical conditions impact your training? (If so, how)

APPLICATION FORM

— BLOOM BEAUTY INSTITUTE



EDUCATION

Which of the following have you earned? :

- High School Diploma
- GED (General Education Development certification)
- Homeschooling Program Certification

High School City

State Zip Code

Graduation Date GPA

List any other College/Training attended after high school :

School Name City

State Zip Code

Graduation Date GPA

Level of College Completed

EMPLOYMENT

Current Employment Status *(Select all that apply - leave blank if this does not apply to you)*

- Employed full-time
- Unemployed
- Retired
- Intern
- Employed part-time
- Freelancer/Contractor
- Homemaker
- Volunteer
- Other
- Self employed
- Student
- Military
- Looking for work

Employer

Job Title Phone #

Street Address City

State Zip Code

Start Date End Date

Currently Employed Here Yes No E-Mail

APPLICATION FORM

— BLOOM BEAUTY INSTITUTE



EMPLOYMENT HISTORY

Employer	<input type="text"/>		
Job Title	<input type="text"/>	Phone #	<input type="text"/>
Street Address	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Zip Code	<input type="text"/>
Start Date	<input type="text"/>	End Date	<input type="text"/>
Currently Employed Here	<input type="checkbox"/> Yes <input type="checkbox"/> No	E-Mail	<input type="text"/>

PERSONAL REFERENCES

Reference 1

Name	<input type="text"/>	Relationship	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Zip Code	<input type="text"/>
Email	<input type="text"/>	Phone #	<input type="text"/>

Reference 2

Name	<input type="text"/>	Relationship	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Zip Code	<input type="text"/>
Email	<input type="text"/>	Phone #	<input type="text"/>

APPLICATION FORM

— BLOOM BEAUTY INSTITUTE



EMERGENCY CONTACTS

Contact 1

Name

Relationship

Address

City

State

Zip Code

Email

Phone #

Contact 2

Name

Relationship

Address

City

State

Zip Code

Email

Phone #

Which program are you interested in attending?

Class CA - Hairdressing and Manicuring (Cosmetology)

Why are you interested in this program?

How did you hear about us? *(Select all that apply)*

- | | | | | |
|---|--|---|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Google | <input type="checkbox"/> Business Card | <input type="checkbox"/> Friend/Family | <input type="checkbox"/> Facebook | <input type="checkbox"/> Snapchat |
| <input type="checkbox"/> Website | <input type="checkbox"/> Email | <input type="checkbox"/> Educator/Staff | <input type="checkbox"/> TikTok | <input type="checkbox"/> Other |
| <input type="checkbox"/> Flyer/Brochure | <input type="checkbox"/> Career Fair | <input type="checkbox"/> At an Event | <input type="checkbox"/> Instagram | |

Please Specify

Applicant Signature

Today's Date