

# 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
- \$7.00 licensing fee payable to Missouri State Board of Cosmetology & Barber Examiners

EMAIL THE FOLLOWING TO: [bloombeautyinstitute@gmail.com](mailto: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*

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Allergies/Medical Conditions

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

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## 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

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## EMPLOYMENT HISTORY

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

## PERSONAL REFERENCES

Reference 1

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

Reference 2

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

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## 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?**

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**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

\* A minimum of 1,500 required hours of training in a licensed school are required for completion of a Cosmetology Class CA program in the state of Missouri to be eligible to sit for exams administered by the Missouri State Board of Cosmetology and Barber Examiners.

**Applicant Signature**

**Today's Date**