SAU Tech Academy of Professional Cosmetology

Instructor's Program Application

Please Note: It is very important to complete ALL parts of this application clearly stating all training and experience relevant to the program. Not completing the entire application could result in a delay in processing it.

Applicant Information

Full Name: _____   Date: _____

Last   *First*   *M.I.*

Address: _____

Street Address   *Apartment/Unit #*

_____

City   *State*   *ZIP Code*

Phone: _____   Email _____

Alternate Phone: _____

License Information

Cosmetology
License #: _____

Issuing
State: _____

Questions

1. How did you hear about us?

_____

2. How long have you been a licensed Cosmetologist?

_____

3. What makes you a good candidate for a Cosmetology Instructor?

_____
_____
_____
_____
_____
_____
_____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If accepted, I understand that false or misleading information in my application or interview may result in my release from the program.

Signature: _____   Date: _____