

Virtuous School of Nails & Esthetics

Application for admission:

This application must be completed in full and accompanied by a nonrefundable fee of \$50 in order for the application to be considered for enrollment.

How did you hear about
Virtuous School of Nails and
Esthetics _____

Which course of study are
you interested in?
Nail Technology or Esthetics _____

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Date Available to begin classes: _____ Social Security No.: _____

_____ *Cell phone Home phone Email address*

_____ *Country of Birth Date of Birth Age*

List any major medical problems you may have, including any drugs you must take or are allergic to _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College : _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____ Age _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____ Age _____

Current / Previous

Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Current Employment

Current working hours: _____ From: _____ To: _____

General Information

What do you look for in a career, explain: _____

How long have you been considering additional training? _____

Why have you decided to further your training at this time? _____

Have you discussed this you're your parents/significant other? _____

Will your family encourage your efforts toward a career? _____

What most interest you about this field of study? _____

Are you willing to apply yourself to studies, work, etc? _____

Do you know of any reason (s) why you may not be able to compete your training?

Do you have any dependents? If yes, how many?

List anyone who you believe would appreciate receiving career information from Virtuous School of Nails & Esthetics.

Full Name:	_____	Relationship:	_____
Address:	_____	Phone:	_____
City, St,			
Zip		Age	_____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I acknowledge having read and understood this questionnaire. I also understand that the school may use any portion of the above information in considering the advisability of my admission. I also understand that any willful misrepresentation in these answers my disqualify me even after acceptance for admission.

Signature:

Date:

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY

Date application received: _____

Application fee paid: _____ YES _____ NO

Proof of Education received: _____ YES _____ NO

Social Security Card received: _____ YES _____ NO

Driver's License/Photo ID received: _____ YES _____ NO

Status & Comments:

