



**SANDRA ACADEMY OF SALON SERVICES**  
907 MAIN STREET NEW TAZEWELL, TN 37825  
SANDRAACADEMY.EDU SANDRAACADEMY@HOTMAIL.COM 423-626-7877

**BARBER APPLICATION**

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
*Last First MI*

Address: \_\_\_\_\_  
*Street City State Zip*

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
*Name Phone #*

\_\_\_\_\_  
*Address*

List 2 Personal References:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of High School Attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

List any college or vocational school(s) attended:

School Name: \_\_\_\_\_ Date Attended: \_\_\_\_\_

Address: \_\_\_\_\_

School Name: \_\_\_\_\_ Date Attended: \_\_\_\_\_

Address: \_\_\_\_\_

I am enrolling in: \_\_\_ Master Barber, 1500 hours \_\_\_ Barber Crossover, 300 hours \_\_\_ Barber Instructor, 450 hours

Applicant Signature: \_\_\_\_\_