

EMPLOYMENT CERTIFICATION

PLEASE NOTE: THIS FORM IS NOT TO BE COMPLETED BY APPLICANT. It is to be completed by applicant's employer if possible; if not, any reputable person other than an immediate family member will be accepted. The person completing this form MUST SIGN IN THE PRESENCE OF A NOTARY.

(PLEASE TYPE OR PRINT LEGIBLY)

Applicant's Name: _____

Check Profession: () barbering () cosmetology () manicuring () aesthetics

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Dates Employed: ____/____/____ To ____/____/____

Total Time Worked: _____ Yrs. _____ Mos.

NOTARIZED SIGNATURE

I hereby certify that the information given above is true in every respect. My name, address, phone and signature listed below.

Name: _____ Phone: _____

Address: _____

Signature: _____

State of _____)

)

County of _____)

The above named, whose signature appears hereon, first being duly sworn, deposes and says that all of the above statements are true in every respect.

Subscribed and sworn to before me this the ____ Day of _____, 19 ____.

My commission expires _____.

(Notary Public Signature)