

EMPLOYMENT**Present Employer:**

Company Name: _____

Telephone: _____

Address: _____

City/State/Zip: _____

REFERENCES

Give the names of three persons, other than family members, whom you have known at least one year:

| Name | Relationship | Address | Phone |
|------|--------------|---------|-------|
| | | | |
| | | | |
| | | | |

IN CASE OF EMERGENCY:

| Name | Relationship | Address | Phone |
|------|--------------|---------|-------|
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**Profile Institute of Barber-Styling prohibits the use of alcohol and drugs (except prescription).
The school is a non-smoking facility.**

It is the policy of Profile Institute of Barber-Styling that no person shall, based on sex, race, color, religion, national origin, or handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any educational program or activity under the direction of this school.

I understand that before my acceptance is finalized, I may be required to submit to a drug-screening test from a selected medical facility at the school's expense. I understand the purpose of this drug screening is to help determine my suitability for entering the program of Barber-Styling.

I authorize the testing laboratory to release the results of the test to Profile Institute of Barber-Styling. Further, Profile Institute of Barber-Styling will be authorized to use the drug test results for the purpose of my admission. The test results (negative or positive) will be handled in a strict and confidential manner.

Based on the Drug-Free Schools and Community Act of 1989 drafted by the Department of Education, I understand the policy of Profile Institute of Barber-Styling, and I am subject to random drug testing during my tenure.

I certify that all answers on this application are true and complete to the best of my knowledge. I also understand that submitting false information may be sufficient cause for the school to cancel my enrollment and require withdrawal.

Date_____
Applicant's Signature