

Last name _____ First Name _____ Middle _____

Current Address:

Street _____ City _____ Province _____ Postal Code _____

SIN # _____ - _____ - _____ Primary Phone (____) _____ - _____ Secondary # (____) _____ - _____

What foreign languages do you: (Write "none" if you only speak english)

Speak fluently? _____

Read fluently? _____

Write fluently? _____

Employment Desired

Position _____

Date you can start _____ Salary desired _____

Current employer _____

Education

Name/location of school	Years completed	Subjects studied
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Former Employment

Date: Month/Year	Name, Address of Employer	Position Held
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Do you have a criminal record? Yes or No (If Yes, please provide details on a separate sheet)

When do you want to start training? _____

The dates I have available for training are: _____

I would like to get trained on the following subjects:

(Please circle the topics below that you would like to get trained in)

IPL Permanent hair removal

Acne Treatments

Naturalase (softlight) laser hair removal

Skin Rejuvenation/Photofacials

Skin Tightening

Microdermabrasion

Vascular Lesions

References

(Give below the names of two people not related to you whom you have known at least one year)

Physical Record

Please list any defects in hearing, vision, or speech that may affect your job performance.

In case of emergency, please notify:

Name

Address

Telephone

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal of registration.

Signature _____

Date _____