

**TNN BEAUTY APPRENTICESHIP PROGRAM**

**ENROLLMENT APPLICATION**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ SSN/ITIN: \_\_\_\_\_

GENDER:

MALE  FEMALE  NON-BINARY

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: CA ZIP: \_\_\_\_\_

DRIVERS LICENSE/ID NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

HIGHEST GRADE COMPLETED:

10TH GRADE  11TH GRADE  12TH GRADE  
 SOME COLLEGE  COLLEGE  OTHER

CHECK ALL THAT APPLY:

- |  |         |        |
|--|---------|--------|
| 1. Have you attended a Barber College previously?    | ___ YES | ___ NO |
| 2. Have you held an Out-of-State/Country license?    | ___ YES | ___ NO |
| 3. Have you ever had an apprentice license?          | ___ YES | ___ NO |
| 4. Do you have an expired California Barber License? | ___ YES | ___ NO |
| 5. Do you have a Cosmetologist or other license?     | ___ YES | ___ NO |
| 6. Have you taken any PMU classes in the past?       | ___ YES | ___ NO |
| 7. Do you have any makeup artistry background?       | ___ YES | ___ NO |

**APPRENTICE APPLICANT**

I also understand that to I enter the Apprenticeship Program, I must: (Initial)

\_\_\_\_\_ Complete all the requirements of checklist 1 - 10 to become a registered apprentice.

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