



HandsOn Therapy Schools

### Application for Admission Esthetic Program

(Please print legibly using black or blue ink)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

SS \_\_\_\_\_ TX DL# \_\_\_\_\_ Birth Date \_\_\_\_\_

Current License  Massage Therapist  Massage Therapy Instructor  Esthetician

Current Employment \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

*"I am applying for this program"*

(select which program that applies)

<input type="checkbox"/> Esthetician
<input type="checkbox"/> Esthetic Instructor

*...and will attend this Schedule of Classes"*

(select which schedule applies)

	Days	Time
<input type="checkbox"/> Two Days	Mon and Wed	9:00a-5:30p
<input type="checkbox"/> Two Days	Tue and Thurs	9:00a-5:30p

Preferred Start Date: \_\_\_\_\_

**NOTE: This form must be accompanied by: a) copy of valid Drivers License or State ID; b) copy of Social Security Card; c) copy of High School diploma/transcript or GED certificate; and, c) 1-page "hand-written" essay about why you want to become an esthetician/esthetic instructor**

Please be aware that dates and times of classes are subject to change, depending on enrollment. Prospective students are advised to file this application as soon as possible. Classes are limited in size and enrollment is closed when classes are filled.

*"In connection with my application, I understand that a consumer report containing public record information may be requested. This report may include the following types of information: names and dates of previous employers, credit information, bankruptcy proceedings, and other relevant information from federal, state and agencies both public and private. No charge is made to me to obtain this report."*

Your signature below indicates that the following information on the application is true and accurate to the best of your knowledge and you authorize any party or agency contacted to furnish the above information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Student Profile

Previous Education [ ] GED \_\_\_\_\_ (state of issue)
[ ] HS diploma \_\_\_\_\_ (school name and city)
[ ] Post-Secondary [ ] Associates Degree [ ] Baccalaureate [ ] Post Baccalaureate
\_\_\_\_\_

Age Group [ ] under 25 [ ] 25-34 [ ] 35-44 [ ] 45 or over
\_\_\_\_\_

Ethnicity [ ] White/Non-Hispanic [ ] Black/Non-Hispanic [ ] Hispanic
[ ] Asian/Pacific Islander [ ] American Indian/Alaskan [ ] Other

References

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_
Relationship: \_\_\_ Parent \_\_\_ Sibling \_\_\_ Other \_\_\_\_\_
Street Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
Phone \_\_\_\_\_ Email Address \_\_\_\_\_

2

First Name \_\_\_\_\_ Last Name \_\_\_\_\_
Relationship: \_\_\_ Parent \_\_\_ Sibling \_\_\_ Other \_\_\_\_\_
Street Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
Phone \_\_\_\_\_ Email Address \_\_\_\_\_