161 C John Jefferson Rd
Williamsburg, VA 23185
Phone (757)220-8000
Fax (757)220-9122
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Application for Admission

A $50.00 Application Fee Must Accompany this Application

Name: _____
Last First Middle

Address: _____ City: _____ State: ____ Zip: _____

Contact Phone
Home: (_____)_____ Cell: (_____)_____ Work: (_____)_____

Email address: _____

SSN: _____-_____-_____ Date of Birth: _____/_____/_____

Formal Education

	Name	Level Completed (circle one)	Graduation Date	Area of Study
High School		1 2 3 4		
College		1 2 3 4		
Vocational		1 2 3 4		
Graduate		1 2 3 4		
Other		1 2 3 4		

Please list previous experience in massage, esthetics, or other related professions:

_____

_____

Emergency Contact

Name: _____ Address: _____

Phone 1: _____ Phone 2: _____Relation:_____

References

Please provide at least 2 references

	Name	Address	Phone	Years Known
1				
2				

Employment History

Please begin with most recent Employer

Employer One

Company Name:		City/State:	
Position Held:		Start Date:	End Date:
Supervisor:		Contact Phone:	

Employer Two

Company Name:		City/State:	
Position Held:		Start Date:	End Date:
Supervisor:		Contact Phone:	

Employer Three

Company Name:		City/State:	
Position Held:		Start Date:	End Date:
Supervisor:		Contact Phone:	

Have you been treated for any medical condition other that colds or minor injuries in the last five years? Please circle one: YES NO

If yes, please explain: _____

_____

Have you ever been convicted of a felony or misdemeanor other that a traffic offense? Please circle one: YES NO

If yes, please explain (dates included): _____

_____

Probation? Please circle one: YES NO

Program of Study

Program for which you are applying: _____

Planned start date: _____ _____ Class time preferred: Day Evening

Month Year Please circle one

Payment Preference

Please check an option

☐ Full Payment to be paid on: _____ _____ _____ ☐ Payment Plan: _____

Month Day Year Number of months

Application Agreement

By signing this form, I also state that to the best of my knowledge I am free of communicable diseases, in good health, and physically able to practice in this field. I also affirm that I have read the school's catalogue. I understand and will comply with the policies stated therein.

Please state any problem contrary to the above paragraph: _____

Signature: _____ Date: _____

Before printing, please consider the environment. Print application back & front. Thank you!

Interview Date	Interviewed With	In Person/Over Phone
_____	_____	

office use only		
Paid App Fee	contacted	
notes		