

# Mali's **STUDIO** ACADEMY OF **PERMANENT COSMETICS**

## STUDENT INFORMATION

Last Name		First	M.I.	Date
Street Address			Apt/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available	Social Security No.	Emergency Contact/Tel. No.		
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
Do you have a valid California Driver's License?		YES <input type="checkbox"/> NO <input type="checkbox"/>	DL/ID No #	

### Check all courses that you are interested in:

PERMANENT MAKEUP		COMBOS		ESTHETICS	
HAIR STROKE EYEBROWS	<input type="checkbox"/>	FUNDAMENTAL PERMANENT MAKEUP	<input type="checkbox"/>	STEP-BY-STEP FACIALS & SKINCARE	BASIC <input type="checkbox"/>
FUNDAMENTAL PERMANENT MAKEUP	<input type="checkbox"/>	+ HAIR STROKE EYEBROWS	<input type="checkbox"/>		ADVANCED <input type="checkbox"/>
ADVANCED PERMANENT MAKEUP	<input type="checkbox"/>	ADVANCED PERMANENT MAKEUP	<input type="checkbox"/>	STEP-BY-STEP FACIALS & SKINCARE	<input type="checkbox"/>
SCALP MICROPIGMENTATION	<input type="checkbox"/>	+ HAIR STROKE EYEBROWS	<input type="checkbox"/>	BASIC + ADVANCED	<input type="checkbox"/>
BODY TATTOO		<b>HAIR</b>		<b>EYELASH EXTENSIONS</b>	
THREADING	<input type="checkbox"/>	SCISSOR OVER COMB	<input type="checkbox"/>	BASIC	<input type="checkbox"/>
BLOOD PATHOGEN CERTIFICATION	<input type="checkbox"/>	1 DAY MASTER HAIRCUTTING	<input type="checkbox"/>	ADVANCED	<input type="checkbox"/>
DOCUMENT PREPARATION	<input type="checkbox"/>	1 DAY BOB CUT	<input type="checkbox"/>		
		3 DAY HAIR COLOR	<input type="checkbox"/>		

## EDUCATION

High School/College/Other			From	To
Address	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
High School/College/Other			From	To
Address	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	

## PREVIOUS EMPLOYMENT

Company			From	To
Address	Supervisor			
Phone	May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Reason for Leaving				

## DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand that Mali's Studio Academy of Permanent Cosmetics does not guarantee employment but merely a certificate training in the application of Permanent Makeup application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Please provide the following when submitting your application:

Copy of: Social Security Card    Driver's License    Cosmetology/Esthetician License  
Two (2) Passport Photos (2" x 2")

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