

General Information form

Social Security Number

Name

Present Address	Street	City	State	Zip
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Mailing Address	Street	City	State	Zip
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Phone Number	E-mail
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In case of emergency, notify:

Name	Address	Phone Number
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Educational Information

G.E.D. Yes No

High School (name)	Graduate?
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College (name)	Graduate?
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Vocational Training (name)	Graduate?
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Employment Background

1. Name and address of present or last employer

Starting Date	Month	Year	Leaving Date	Month	Year
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Job Title

Name of Supervisor	Phone Number
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Description of Work

(Continued on backside)

2. Name and address of present or last employer

Starting Date	Month	Year	Leaving Date	Month	Year
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Job Title

Name of Supervisor

Phone Number

Description of Work

What skills or qualities do you currently have that will help you in your training?

What course are you applying for?

Cosmetology

Esthiology

Massage

Nail Design

Full-time

Part-time

What is your financial plan for school?

Do you plan on working while attending school?

Yes

No

If so, where?

When would you like to start school?

How did you hear about the Aveda Institute?

Please submit completed form
to the Admissions office.

The Institute of Beauty and Wellness
342 N. Water St.
Milwaukee, WI 53202