





Beauty Professional Independent Contractor Application

1.	Last Name		First			Middle	
2.	Address		Ci	ity	State	Zip	
3.	4		5		6	<u> </u>	
	Date of Birth Place	of Birth	Contact P	Phone Numb	er Email Addr	ess	
7.	How long have you resided	d at current	address?Ye	ears Mo	nths		
8.	. Do you own () or rent () your current residence? Check one						
9.	What is your marital status	? Married	() Single ()				
10.	Current place of employme	ent		Phone N	Jumber		
11.	Are you currently a License	ed Beauty P	rofessional?	_Yes N	No		
	If yes to question # 11, wha Body Therapist () Estheti				logy () Nail Tecl	hnician	
13.	Do you currently have a Sal	on Manage	ment license?	Yes () No	()		
14.	Please Provide your License	e Record Ide	entification Nun	nber			
15.	How long have you been a l	icensed Bea	auty Professiona	al?Years	sMonths		
16.	Are you currently enrolled	in an accreo	lited Beauty Co	llege or Aca	demy? YesN	lo	
17.	If yes, how many quarter he	ours do you	currently have	?			
18.	What is the name of the sch	ool you are	attending?				
19.	List experiences you have p	pertaining to	your field of p	orofession.			
_							
_							
20.	What is your current Client	tele rate?					
	0-25%25-50%	50-75%	_ 75-100%				
21.	Name two of your specialtic	es.					
				and			

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(256)859-1870

22.	Give a brief description of your expectation(s) from the Salon Facilitator.						
23.	Do you have any sales or marketing experience? Yes () No ()						
24.	When can you start your Business Operation?						
	r more information call Clifton or Reddius Shaw, 256-683-6563 or send your application to ffshaw@mchsi.com . Resumes and portfolios are also accepted.						
	Mail application to:						
	6 Sisters Coiffeur Beauty Plaza 2902 Pike Avenue NW Huntsville, AL 35810						