

Application for Barber Instructor Page 1

OHIO STATE BARBER BOARD

77 S. HIGH ST. 16TH FL.
COLUMBUS, OH 43215-6108

This Application must be submitted to the Barber Board and approved prior to the applicant start date. A letter from the school Director stating that a acceptable interview was conducted and the applicant has the potential of becoming a licensed barber instructor. Upon completion of not less than 500 hours of instructor training this same applicant must remit the \$185.00 fee. And an exit letter stating that the applicant is qualified to be tested for a barber instructor license. The 500 hours is a minimum requirement. The School Director may extend the number of hours if she/he deems it necessary.

ID.NO. _____
Amount _____
Date Posted _____
Control No. _____
License No. _____
Date Issued _____
- (OFFICE USE ONLY)

SECTION 4709.10 OHIO REVISED CODE.

PERSONAL DATA FOR BARBER SCHOOL TEACHER

NATIONAL BACKGROUND CHECK REQUIRED. PRIOR TO INITIAL APPROVAL.

1. Name of applicant _____ Barber ID NO. _____

(address) (city) (state) (zip code)

County _____ Phone Number _____

2. Name of Employer(Barber School) _____
Address _____ Date employed _____

3. **EDUCATIONAL QUALIFICATIONS**

SCHOOL ATTENDED - HIGH SCHOOL COLLEGE, AND OTHERS	ATTENDANCE Give Dates	GRADUATED	DIPLOMA OR DEGREE, RECEIVED

4. Indicate below a complete report of your practical experience in the immediate past five years.

(a) Name of employer _____ Job Title _____
Address _____ City/State/zip _____
Dates of employment From _____ to _____ (Month/Year)

(b) Name of employer _____ Job Title _____
Address _____ City/State/zip _____
Dates of employment: From _____ to _____ (Month/Year)

(c) Name of employer _____ Job Title _____
Address _____ City /State/zip _____
Date of employment: From _____ to _____

5. Have you ever been convicted of a felony? Yes ☹ No ☺ If yes, explain, for additional space use separate sheet.

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6. Names of three persons qualified to speak concerning your practical experience and/or experience as a teacher. (Do not use the name of the Director of the school)

NAME	Street	City/State	Phone Number

7. Past work experience as related to teacher's position. (If additional space is needed, use separate sheet.)

I certify the information appearing on this data sheet is a complete and accurate description of vocational background.

STATE OF OHIO

COUNTY _____

The applicant, whose name is _____ being duly sworn declares that the foregoing statements subscribed to by him/her are true to the best of his/her knowledge and belief, and that he/she personally signed this application and has read and understands this affidavit.

Applicant's signature _____
(First) (Middle) (Last)

Subscribed and sworn to before me this _____ day of _____ 20__

 Notary signature

(SEAL)

 Commission Expires

TO BE COMPLETED BY DIRECTOR OF SCHOOL

The above named applicant is fully qualified by training and experience to instruct others in the field of barbering. I endorse and recommend this application for approval to instruct in this school.

Date _____

 Director

Approved as teacher in training, _____ Executive Director, Ohio State Barber Board.