



Studio application

Regency Salon Studios strives to maintain a professional image to the public and the beauty industry. The following information will be held in confidence.

**Personal Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

**Education Information**

Graduating School Name: \_\_\_\_\_  
City and State of School: \_\_\_\_\_  
Date of Graduation: \_\_\_\_\_  
Name of School Contact: \_\_\_\_\_

**Licensing Information**

Professional License #: \_\_\_\_\_ Renewal Date: \_\_\_\_\_  
Type of License \_\_\_\_\_ Is it in good standing? \_\_\_\_\_

**Employment History**

Present Salon Name: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_  
Salary, commission or rental? \_\_\_\_\_  
Approximant number of clients you currently serve: \_\_\_\_\_

Previous Salon Name: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_  
Salary, commission or rental? \_\_\_\_\_

Previous Salon Name: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_  
Salary, commission or rental? \_\_\_\_\_

**Additional Training/Education**

Please list any additional training or educational conferences you have attended:  
\_\_\_\_\_  
\_\_\_\_\_

Desired Regency Salon Studios Location: \_\_\_\_\_  
Studio Number: \_\_\_\_\_ Date of Occupancy: \_\_\_\_\_

**References**

Please list three (2) professional references:  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

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