

**Barber Application**



**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Other #:** \_\_\_\_\_

**Type of License held: (circle one) Barber Cosmetology**

**License #:** \_\_\_\_\_

**How long have you held this license in Florida?** \_\_\_\_\_

**How long held in other states?** \_\_\_\_\_ **Which state(s):** \_\_\_\_\_

**Are you most interested in (circle one) full time hours or part time hours?**

**Would you prefer to work (circle one) morning/afternoon or afternoon/evening?**

**Previous Experience:** List previous employment in shops/salons you have worked as references. Use the back of this sheet if you need more space or additional comments.

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Thank you for taking the time to fill out this application. If no barber is needed at this time, it will be put on file for future reference. Please bring application to desired work location or mail to appropriate address below.

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| <p>All Pro Barbers-Brandon<br/>Attn. Lucy<br/>613 W. Brandon Blvd.<br/>Brandon, FL 33511</p> | <p>All Pro Barbers-Bloomingdale<br/>Attn. Lucy<br/>3325 Lithia Pinecrest Rd.<br/>Valrico, FL 33596</p> |
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You may also scan completed application and email to **barberpros@gmail.com**