Complete the following checklist and return it with your application. It is your responsibility to ensure that all items are completed. Please note that any missing information will render your file incomplete, and you will not be considered a possible candidate for this program.

Please initial or write N/A on each of the following statements:

- I have completed the Master Esthetics Application Form, including the Goal Statement and sealed Reference Evaluation forms.
- I understand that in order to receive a point for completing a degree, the degree must have been awarded from a regionally accredited college or university.
- I have submitted an official transcript from where I originally completed Cosmetology/Barbering or Basic Esthetics. Transcripts may be submitted either by mail (please send Attn: Master Esthetics Department Head) or in a sealed official envelope with your application.
  **NOTE:** If you completed Cosmetology/Barbering at Bridgerland during high school or as an adult, you must request an official Bridgerland transcript by visiting our website [here](#). (Allow 3-5 business days for processing transcripts once information/payment has been received. Official Bridgerland transcripts are $3 each.)
- I have included a copy of my current Cosmetology or Basic Esthetics license.
- I have initialed or placed N/A on every line of this application checklist.

Please include this form with your application. If you have questions concerning the application process, please contact the Master Esthetics Department Head at (435) 237-0094.

_________________________________________ _________________________
Signature of Applicant     Date
Master Esthetics
Application Form

(Please print legibly in black or blue ink)

Full Name (First Middle (Maiden) Last) ____________________________________________________

Home Address __________________________________________________________________________

City, State, Zip _________________________________________________________________________

Mailing Address (if different from above) _____________________________________________________

Email Address __________________________________________ Date of Birth ______________________

Cell Phone ___________________________ Home Phone ________________________________

Emergency Contact: Name ___________________________ Phone ____________________________

Education
List colleges attended (beginning with most recent). Degrees must be from a regionally accredited college or university to be considered for application points.

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Dates of Attendance</th>
<th>Degree?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From</td>
<td>To</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Industry Training (Must have current license to be awarded point)

Licensed Cosmetologist

Yes ☐ No ☐ Date of Expiration ____________

Licensed Basic Esthetician

Yes ☐ No ☐ Date of Expiration ____________

If “Yes,” please include a copy of your current license with your application to be awarded a point.


### Cosmetology and/or Basic Esthetician Work Experience

List most recent employment first. If none, indicate by N/A.

<table>
<thead>
<tr>
<th>Employer</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Position</th>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Job Description**

**Dates of employment: From – To:**

---

### IMPORTANT! Be Sure to Read the Following:

Applicants who have been convicted of a felony or any drug related charges; have been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse; or may pose a threat to themselves, clients, or to the public health, safety, or welfare because of any circumstances or conditions, should determine their eligibility status with the Division of Occupational and Professional Licensing. Locate an Application for Criminal History Determination on https://dopl.utah.gov/cosmo/

The Division of Occupational and Professional Licensing makes the final decision on issue of license to practice in the State of Utah.
List the names of the three professional people who will be completing your Reference Evaluation forms. These must be people who are now or who have been your employer, supervisor, former instructor, or community leader. They must have known you for at least six months and cannot be related to you. **At least two reference forms are required** for your application to be considered, but you must have three reference forms returned to receive the potential maximum of three points.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Institution</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**References**
Professional Goal Statement

Applicant Name _________________________________________

Using the lines below and on the next page, write a statement of your professional goals.
Scoring is based on the following criteria:
- The statement must be handwritten; typed statements will not be accepted.
- The statement must be a minimum of 150 words and a maximum of 200 words. Count carefully!
- The statement will be graded on legibility, spelling, punctuation, grammar, and sentence structure.

______________________________________________________________________________
______________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________