

## Barber Apprenticeship Application

### Personal Information

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
Last First MI

Permanent Mailing Address \_\_\_\_\_  
Number and Street Apt City State Zip Code

E-mail Address \_\_\_\_\_

Home Phone# \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Male \_\_\_\_\_ Female

### Admission Requirements

Please include the following documents when you return your application to us:

- ⇒ Passport size photo
- ⇒ Copy of Driver's License or State issued I.D.
- ⇒ Copy of Social Security Card
- ⇒ Official transcript from an accredited high school indicating date of graduation  
OR official GED test transcript indicating passing
- ⇒ If you have any hours from a barber or cosmetology school, please include a transcript to apply for credit towards your Apprenticeship. **Cosmetologists**-send a copy of your current Louisiana Cosmetology License.

### Employer/Master Barber Information

UFCW Local 496 is not in any way serving as a referral agency and persons desiring apprenticeship training shall make application to an employer approved as a registered training site by the Louisiana State Board of Barber Examiners. We need this information to verify with the Barber Board that the shop you would like to apprentice in and the Barber you expect to apprentice under are current license holders.

Shop Name: \_\_\_\_\_ File Number: \_\_\_\_\_

Shop Address: \_\_\_\_\_  
Number and Street City

Master Barber Name: \_\_\_\_\_ File Number: \_\_\_\_\_

Shop Owner: \_\_\_\_\_ Shop Phone: \_\_\_\_\_

### Equal Employment Opportunity Pledge

The recruitment, selection, employment, and training of apprentices during their apprenticeship, shall be without discrimination because of race, color, religion, national origin, or sex. The Sponsor will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 Code of Federal Regulations, Part 30, and the Louisiana State Plan for Equal Opportunity.

**Ethnic Background**

UFCW Local 496 adheres to a policy of non-discrimination in admission to the Barber Apprentice Program based on race, color, creed, sex, or national origin. The information with regard to race/ethnicity is voluntary; this information will be used in a nondiscriminatory manner, consistent with the application of civil rights laws. Provision of the information requested below is optional and is used by the Department of Labor for research or federal/state law reporting purposes. This information will not be used in any admission decision; you are NOT legally obligated to provide this information.

American Indian/ Alaskan Native                       White Non-Hispanic                       Asian or Pacific Islander  
 African American Non-Hispanic                       Hispanic                       Choose not to indicate

**Certification – To be read and signed by applicant**

I understand that this is only an application to verify that I can meet all admission requirements. Once my application has been approved, a designated Apprentice Coordinator will contact me to set up an appointment at the shop named above to complete my enrollment. I understand that until my appointed Apprentice Coordinator has completed my enrollment packet and collected my enrollment fees I am not allowed to practice as an Apprentice in any Barber Shop.

I understand that UFCW Local 496 is not in any way serving as a referral agency and persons desiring apprenticeship training shall make application to an employer approved as a registered training site by the Louisiana State Board of Barber Examiners.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**For Office Use Only**

Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Date Denied: \_\_\_\_\_

Reason: \_\_\_\_\_

Assigned to: \_\_\_\_\_, Apprentice Coordinator

\_\_\_\_\_  
UFCW Local 496

\_\_\_\_\_  
Louisiana State Board of Barber Examiners