

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

You can email this application and all required documents listed on front of application to shawkins@ufcw496.org

For Office Use Only

Date Received: _____

Date Approved: _____

Date Denied: _____

Reason: _____

Assigned to: _____, Apprentice Coordinator

UFCW Local 496

Louisiana State Board of Barber Examiners