LADYSMITH BARBER ACADEMY
CAREER ASSESSMENT QUESTIONNAIRE

FIRST NAME: _____ MI: _____ LAST: _____

ADDRESS _____CITY/STATE/ZIP_____

SSN: _____DOB:_____ DL# _____

PHONE (DAY) _____ (EVENING) _____ (CELL)_____

MARITAL STATUS: MARRIED _____SINGLE _____ DIVORCED _____DEPENDENTS: _____

EDUCATION

WHAT HIGH SCHOOL DID YOU ATTEND? _____

DO YOU HAVE A DIPLOMA? _____

WHAT YEAR DID YOU GRADUATE? _____

DO YOU HAVE COLLEGE EXPERIENCE? _____

DO YOU HAVE ANY BEAUTY/BARBER EXPERIENCE? _____

EMPLOYMENT INFORMATION

DO YOU CURRENTLY HAVE A JOB? _____

WILL YOUR JOB SCHEDULE AFFECT YOUR SCHOOLING? _____

IF UNEMPLOYED, WILL YOU NEED TO WORK DURING SCHOOLING? _____

AND IF SO, WILL IT AFFECT YOUR SCHOOLING? _____

AFTER ENROLLMENT ARE YOU WILLING & ABLE TO MAKE A SERIOUS COMMITMENT TO FINISHING? _____

ELIGIBILITY REQUIREMENTS

DO YOU HAVE PHYSICAL OR EDUCATIONAL CHALLENGES? _____

DO YOU HAVE A CRIMINAL CONVICTION? _____ WHAT STATE? _____
(CRIMANAL BACKGROUND CHECK WILL BE PERFORMED)

ARE YOU IN THE MILITARY? _____ ARE YOU A VETERAN: _____

IN CONNECTION WITH MY APPLICATION WITH LADYSMITH BARBER ACADEMY. I UNDERSTAND THAT THE CONSUMER REPORT, WHICH MAY CONTAIN PUBLIC RECORDS INFORMATION, IS BEING REQUESTED.

APPLICANTS SIGNATURE:_____ DATE SIGNED:_____

LADYSMITH BARBER ACADEMY

PLEASE RATE YOURSELF: (*PLEASE CIRCLE ONE)*

ATTITUDE	EXCELLENT	GOOD	FAIR	POOR
HONESTY	EXCELLENT	GOOD	FAIR	POOR
INITIATIVE	EXCELLENT	GOOD	FAIR	POOR
CREATIVITY	EXCELLENT	GOOD	FAIR	POOR
ENTHUSIASM	EXCELLENT	GOOD	FAIR	POOR
COOPERATION	EXCELLENT	GOOD	FAIR	POOR
PUNCTUALITY	EXCELLENT	GOOD	FAIR	POOR
ATTENDANCE	EXCELLENT	GOOD	FAIR	POOR
DEPENDABILITY	EXCELLENT	GOOD	FAIR	POOR
TECHNICAL SKILLS	EXCELLENT	GOOD	FAIR	POOR
COMMUNICATION SKILLS	EXCELLENT	GOOD	FAIR	POOR
WORKING RELATIONS	EXCELLENT	GOOD	FAIR	POOR
WORK ETHICS	EXCELLENT	GOOD	FAIR	POOR

WHY DO YOU WANT TO BECOME A BARBER?