



COSMETOLOGY



The following items are required for your application to be considered complete:

Complete the **STANDARD MTC CAREER PROGRAM APPLICATION**.

In addition to the MTC application, you must also submit the following items from the supplemental packet:

- **Application Essay** telling why you are interested in the Cosmetology program and what you know about the Cosmetology profession

OR

- Complete Cosmetology **Application Questionnaire**
- TWO (2) completed **Professional Recommendation Forms**
 - *References cannot be related to you; No family members, friends, spouses etc.*
- Complete TWO (2) **Professional Salon Service Questionnaires**
- Read, sign, and date **Technical Standards Form**
- Must attend and sign in at ONE (1) **Information Session**
 - Dates are on the www.MarionTC.edu website
 - Information Sessions are on Monday nights at 6:00 p.m.



COSMETOLOGY APPLICATION QUESTIONNAIRE

APPLICANT NAME: _____ DATE: _____

Please print legibly and respond briefly to the following questions:

1. REASON FOR APPLYING/UNDERSTANDING OF THE FIELD

- a. Tell us why you would like to become a Cosmetologist.

- b. Do you have any experience in the Cosmetology field? If so, please explain.

- c. Tell us what you know about the Cosmetology field.

- d. Tell us what your plans/goals are for the future if you were to become a Cosmetologist.

2. FINANCIAL AND TIME MANAGEMENT ARRANGEMENTS

- a. What hardships do you foresee (if any) with the attendance requirements of the program? Please explain how you plan to deal with this problem(s).

- b. What arrangements have you made to provide for the expenses involved in the program? Considering time dedicated for class and study, do you plan to work during your enrollment?

- c. Do you have reliable transportation? Do you have a back-up plan?



3. GENERAL QUESTIONS

a. What are some comments that your most recent employer (teacher) has said to you about your performance at work (or school)?

b. Approximately how many days have you missed from work or school in the past year? _____ Two years? _____

Can you explain the reason for the majority of these absences?

c. Can you relate to us the most recent experience you had dealing with a conflict situation involving another person at work or school? What did you learn from this experience?

d. How do you feel you do with dealing with people that are difficult, or people that are from a different culture or have different beliefs?

e. Can you tell us the most recent experience that you have had which demonstrates your ability to handle unexpected changes at work, school or at home?

f. How did you hear about our program?

g. Do you want to be considered for the day or evening class? Please check one:

DAY

EVENING

NAME: _____ DATE: _____



PROFESSIONAL SERVICE QUESTIONNAIRE

INSTRUCTIONS TO POTENTIAL STUDENTS:

You are required to have two (2) professional salon services. You are to ask the cosmetologist the following questions; you are to document their answers on your paper. Have the cosmetologist sign off and give you a business card to attach to the form. Please return this form with your completed application.

1. How physically demanding is Cosmetology?
2. Are the physical demands more than you expected?
3. Where did you train? Was the training more or less than you expected?
4. How many hours was the program where you received your training?
5. How much marketing is required to maintain your client base?
6. Do you rent, work on commission, or are you on a salary?
7. Do you specialize? If so, in what area?
8. What is the demand for your area of expertise?
9. How many hours per week do you work?

Cosmetologist Signature

Date

Applicant's Signature

Date



PROFESSIONAL SERVICE QUESTIONNAIRE

INSTRUCTIONS TO POTENTIAL STUDENTS:

You are required to have two (2) professional salon services. You are to ask the cosmetologist the following questions; you are to document their answers on your paper. Have the cosmetologist sign off and give you a business card to attach to the form. Please return this form with your completed application.

1. How physically demanding is Cosmetology?
2. Are the physical demands more than you expected?
3. Where did you train? Was the training more or less than you expected?
4. How many hours was the program where you received your training?
5. How much marketing is required to maintain your client base?
6. Do you rent, work on commission, or are you on a salary?
7. Do you specialize? If so, in what area?
8. What is the demand for your area of expertise?
9. How many hours per week do you work?

Cosmetologist Signature

Date

Applicant Signature

Date



MARION
TECHNICAL COLLEGE

GROOMING AND SALON SERVICES

RECOMMENDATION FORM

_____ has applied to enroll in the following program:
Day Cosmetology / Evening Cosmetology / Nails / Barbering / Other:_____.

Please answer the following questions in reference to your knowledge of this applicant.

IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?

Professional / Persona (non-relative) / Other:_____

HOW LONG HAVE YOU KNOWN THE APPLICANT?_____

**WHAT DO YOU KNOW ABOUT THE APPLICANT THAT WOULD MAKE THEM AN ASSET IN THE
GROOMING
AND SALON SERVICES
FIELD?**_____

ADDITIONAL COMMENTS:_____

SIGNATURE_____ **DATE**_____

NAME (Please Print)_____

PHONE:_____ **EMAIL:**_____



MARION
TECHNICAL COLLEGE

GROOMING AND SALON SERVICES

RECOMMENDATION FORM

_____ has applied for the following program:

Day Cosmetology / Evening Cosmetology / Nails / Barbering / Other: _____.

(Please circle one)

Please answer the following questions in reference to your knowledge of this applicant.

IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?

Professional / Personal (non-relative) / Other: _____

HOW LONG HAVE YOU KNOWN THE APPLICANT?

WHAT DO YOU KNOW ABOUT THE APPLICANT THAT WOULD MAKE THEM AN ASSET IN THE GROOMING AND SALON SERVICES FIELD? _____

ADDITIONAL COMMENTS: _____

SIGNATURE _____ **DATE** _____

NAME *(Please Print)*

PHONE: _____ **EMAIL:** _____



TECHNICAL STANDARDS

COSMETOLOGY

Students who are accepted into the Cosmetology Program are required to be able to perform the following tasks:

- Walk the equivalent of three (3) miles a day.
- Grip, reach above shoulder level, bend at the knee, squat, stoop and crawl.
- Sit, stand for prolonged periods of time.
- Perform CPR/First Aid
- Lift a minimum of 50 lbs.
- Manipulate small objects dexterously.
- Tolerate exposure to dust, fumes, chemicals, detergents, body fluids, and latex.
- Distinguish colors.
- See objects as small as 1 mm.
- Withstand varied environmental conditions, such as heat, cold, and moisture.
- Cope with a high level of stress.
- Prioritize and make decisions fast under pressure.
- Cope with anger, fear, hostility and/or confrontation in a calm manner. Be flexible and self-directed.
- Concentrate.
- Be able to use critical thinking in order to solve problems.
- Demonstrate a high degree of patience and confidentiality.
- Communicate both verbally and in writing.

Applicant Signature: _____

Print Name: _____ Date: _____

Marion County Public Schools

1014 SW 7TH ROAD, OCALA, FL 34471

TELEPHONE: 352.671.7219 | FAX: 352.671.7221 | WEBSITE: www.MarionTC.edu

Equal Opportunity Schools