

# HAIRSTYLIST

## TRADE EXPERIENCE VERIFICATION FORM

Date: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Postal Code \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

This is to verify that \_\_\_\_\_ has worked as a **HAIRSTYLIST** from (month/year) \_\_\_\_\_ to (month/year) \_\_\_\_\_ for a total of \_\_\_\_\_ hours spending the following percentage of the time at the tasks below:

Shampoos and Rinses	_____ %
Skin and Scalp Care	_____ %
Haircutting	_____ %
Hairstyling	_____ %
Permanent Waving	_____ %
Hair Coloring and Bleaching	_____ %
Other (Please specify): _____	_____ %
Total	100 %

Please indicate the type of equipment and the type of work this person was involved with during this time period: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If more space is required, please continue on reverse side.)

\_\_\_\_\_  
Print name of Company Representative

\_\_\_\_\_  
Position of Company Representative

\_\_\_\_\_  
Signature of Company Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date