

PAUL MITCHELL[®] E D U C A T I O N

PAUL MITCHELL[®] EDUCATION ONLINE APPLICATION FORM

*First Name: _____ *Last Name: _____

*Home Address: _____

*City: _____

*State/Province: _____ *Zip/Postal Code: _____

*Home Phone: _____ *Cell Phone: _____

*E-mail Address: _____

*Salon Name: _____

*Salon Address: _____

*City: _____

*State/Province: _____ *Zip/Postal Code: _____

*Work Phone: _____

*Salon Web Site Address: _____

*Number of years working behind the chair as a licensed cosmetologist or barber: _____

*Are you a graduate of Paul Mitchell The School? Yes ___ No ___

If yes, which location? _____

*Who is your Paul Mitchell Distributor? _____

*Who is your Paul Mitchell Distributor Salon Consultant (DSC)? _____

*DSC Phone: _____ *DSC E-mail Address: _____

*Do you have any prior experience as an educator? _____

If yes, when and for who? _____

*What are your goals as a professional hairstylist? _____

*Why do you want to be part of the Paul Mitchell Education System? _____

*What personal and professional characteristics do you have that would allow you to be a successful Paul Mitchell Educator?

*Required information

Please allow 4-6 weeks for Paul Mitchell to process and review your application and resume.

You will be notified by e-mail if you are accepted into the Paul Mitchell Education System.
