

# UAF Tanana Valley Campus

## Cosmetology Pilot Program 2009-2010



### Application Check List

**Did you fill out the ENTIRE application?**

**Did you fill out EMPLOYMENT HISTORY?**

**Did you attach your STATEMENT OF INTEREST?**

**Did you attach copies of all the REQUIRED DOCUMENTS?**

Assessment Test Scores

DD214  
(If applicable)

Letters of Recommendation (2)  
(Professional/Personal)

**Did you sign pages 5 & 6?**

# TVC Cosmetology Pilot Program

2009-2010 Program Application

www.tvc.uaf.edu

## Personal Information

Name (Last, First, MI): \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ UA ID or SS #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Day \_\_\_\_\_ Evening \_\_\_\_\_

If you attended UAF under another name, state name used: \_\_\_\_\_

Are you a U.S. citizen?  YES  NO If No, Country: \_\_\_\_\_ Visa Type: \_\_\_\_\_

Alaska Resident?  YES  NO Are you Hispanic or Latino?  YES  NO

ETHNIC ORIGIN: (Please circle all that apply)

AA Alaska Aleut	AQ Alaska Eskimo, Inupiaq	AY Alaska Eskimo, Yup'ik	AE Alaska Eskimo, other	AT Alaska Indian, Athabaskan
AH Alaska Indian, Haida	AK Alaska Indian, Tlingit	AM Alaska Indian, Tsimshian	AI Alaska Indian, other	AN Alaska Native, other
AS Alaska Native, SE	IN American Indian (not AK Native)	PI Asian, Pacific Islander	BL Black, Non Hispanic	
OT Other	WH White			

Requested for compliance with Title IV of the Civil Rights Act of 1964.

Do you have a physical, mental, or other health condition that has lasted for 6 or more months and which limits the kind or amount of work you can do at a job?  YES  NO

Do you have a physical, sensory, or mental impairment which substantially limits one or more life activities (e.g. walking, seeing, hearing, breathing, or learning)?  YES  NO

## Education/Certifications: Do you have or expect to have (check one)

High school diploma     GED     Foreign equivalent     No diploma

Name of high school: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_

HS graduation date: \_\_\_\_\_ OR date & place GED received: \_\_\_\_\_

If available, please have your high school transcript and/or GED scores sent to:  
TVC Student Assistance & Advising Center, 604 Barnette St. Fairbanks, AK 99701.

Assessment test taken: \_\_\_\_\_ Date taken: \_\_\_\_\_ NONE

Other Schools or Colleges  
Attended:

Name of School	Year(s) attended	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Specialized  
Licenses: \_\_\_\_\_

## Military Service

Have you registered for Selective Service?  YES  NO    DD214:  YES  NO  
(Males only)

What is your veteran status?

The information required to make this determination is available at <http://www.opm.gov/veterans/html/vgmedal2.asp>

None     Other Protected Veteran     Vietnam Veteran     Both Vietnam/Other Protected Vet-

Are you a Special Disabled Veteran?  YES  NO

Are you the Spouse of a Veteran?  YES  NO

**Special Disabled Veteran means** (i) a veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) A person who was discharged or released from active duty because of a service-connected 4. disability.

Military Service: \_\_\_\_\_  
Branch of Military \_\_\_\_\_ Dates of Service \_\_\_\_\_

Relevant Details/Special Skills/Abilities/Training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Employment History

Position: \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Location: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Position: \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Location: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Supervisor: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Location: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Position: \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Location: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

## Statement of Interest

Please attach one (1) single-sided sheet of paper with a personal essay describing why you are interested in the Cosmetology program, any experience you have in the Cosmetology field and any personal qualities that will make you a good candidate for the program.

## Required Documents: (Please submit these items with your application)

Assessment Test Scores  
(ie. COMPASS)

Letters of Recommendation (2)  
(Professional/Personal)

DD214  
(If applicable)

Other : \_\_\_\_\_

## Financial Aid

Tuition assistance may be available for qualified applicants. More information available upon request.

**UAF Financial Aid:** <http://www.uaf.edu/finaid/index.html>

**Free Application for Federal Student Aid:** <http://www.fafsa.ed.gov/>

## Housing

As a UAF Student, you may be eligible for Student Housing.

Are you interested in more information?  YES  NO

**UAF Residence Life:** <http://www.uaf.edu/reslife/>

## Additional Information

Please indicate how you learned about the TVC Cosmetology Program.

Newspaper Ad/Article

High School Counselor  
or Teacher

Other \_\_\_\_\_  
\_\_\_\_\_

Friends or Family

Direct-Mail Flyer

Toured TVC

Radio or TV

Career Fair/Expo

## Applicant Certification (Please read and sign below.)

The University of Alaska is subject to the Alaska Public Records Act, AS 40.25.110. Your application and other documents concerning you, may be subject to public disclosure under state law.

I certify that all information provided in this application and any attachments is true. I understand any false statement made herein is sufficient reason for rejection of my application or termination of subsequent employment.

I authorize the University of Alaska, and potential employers, or entities they may employ, to investigate all statements made in this application or attachments; to contact any of my former employers, educational institutions, or any other person or organization that may have information relevant to my training or employment application; to obtain records concerning my past work, character, education, or military background; to obtain a "consumer report" and/or "investigative consumer report" as defined by the Fair Credit Reporting Act; to obtain any records pertaining to prior felony or misdemeanor convictions or pending felony or misdemeanor charges. I authorize that such contact or investigation may occur at while I am involved in the Cosmetology program. I understand that I may be required to sign separate consent forms for this purpose.

I GIVE THE UNIVERSITY OF ALASKA FAIRBANKS (UAF) PERMISSION TO PHOTOGRAPH, VIDEOTAPE OR RECORD ME AND TO USE THE PHOTOGRAPHS, VIDEOTAPE, FILM OR AUDIO RECORDING IN PRINT AND ELECTRONIC PUBLICATIONS, VIDEO BROADCASTS, RADIO BROADCASTS OR ANY SIMILAR ELECTRONIC AND MECHANICAL MEANS. I AGREE THAT THE PHOTOGRAPHS, INCLUDING NEGATIVES, SLIDES AND PRINTS OR ANY OTHER PRESENTATION OF THE IMAGES, ARE THE PROPERTY OF UAF. I WAIVE ANY RIGHT I MAY HAVE TO INSPECT AND/OR APPROVE THE FINISHED PRODUCT IN WHICH THE IMAGES MAY BE USED. BY SIGNING THIS FORM I INTEND TO RELEASE AND DISCHARGE UAF FROM ANY AND ALL CLAIMS THAT I MAY HAVE, AND AGREE TO HOLD HARMLESS AND DEFEND UAF FROM LIABILITY ARISING FROM CLAIMS OR LITIGATION ARISING FROM ITS USE OF MY IMAGE OR VOICE.

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Applicant signature

Date

*The University of Alaska Fairbanks provides equal education and employment opportunities for all, regardless of race, color, religion, national origin, sex, age, disability, status as a Vietnam era or disabled veteran, marital status, changes in marital status, pregnancy or parenthood pursuant to applicable state and federal laws.*

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Parent/Guardian signature (if applicant is under 18 years of age)

Date

Official Use Only

Received \_\_\_\_\_  
Date

Input \_\_\_\_\_  
Date

By whom \_\_\_\_\_

# We Believe in Equal Opportunity

## EQUAL OPPORTUNITY IS THE LAW

It is against the law for the UAF Tanana Valley Campus as a recipient of Federal financial assistance to discriminate on the following bases:

- Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and
- Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access, to any WIA Title I-financially assisted program or activity;
- Providing opportunities in, or treating any person with regard to, such a program or activity; or
- Making employment decision in the administration of, or in connection with, such a program or activity.

### WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think that you have been subjected to discrimination under a WIA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

- Earlina Bowden, Director  
UAF Office of Equal Opportunity  
Phone: (907) 474-6600  
Email: fneeo@uaf.edu; or
- The Director, Civil Rights Center (CRC)  
U.S. Department of Labor,  
200 Constitution Avenue NW, Room N-4123  
Washington, DC 20210

If you file your complaint with the recipient you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

For More Information contact:

Earlina Bowden, Director  
UAF Office of Equal Opportunity  
PO Box 757500  
Fairbanks, AK 99775  
Phone: (907) 474-6600  
Email: fyeeo@uaf.edu

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Applicant signature

Date

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Parent/Guardian signature (if applicant is under 18 years of age)

Date