

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
 Madison, WI 53705
 Phone Number: (608) 266-2112

LicensE Portal: License.wi.gov
 Email: dsps@wisconsin.gov
 Website: <http://dsps.wi.gov>

COSMETOLOGY EXAMINING BOARD EMPLOYMENT VERIFICATION

APPLICANT: Complete top portion of this form and forward to past or present employer. Proper completion of this form is required for processing of the application. Failure to submit proper documentation of employment will delay processing of your credential application.

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
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Address (number, street, city, state, zip code) <input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>
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I hereby authorize the employer named below to provide the Department with the information requested below.
 (If unable to provide a digital signature print and sign form.)

Applicant Signature: Date: / /

Email:

PAST OR PRESENT EMPLOYER: Certify employment below and return directly to DSPS. You may email to:
DSPSCREDBAC@wisconsin.gov.

Cosmetology Manager/Owner Name <input type="text"/>	Check One: <input type="checkbox"/> Cosmetology Manager <input type="checkbox"/> Owner
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Establishment Name <input type="text"/>	Establishment License Number <input type="text"/>
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Establishment Address (number, street, city, state, zip code)

Employment Period: (include month, day, and year) From: / / To: / /

Hours Worked:

Full-Time Number of Hours Per Week:

Part-Time Number of Hours Per Week:

Total Numbers of Hours Worked:

Employee Worked as: (check one) Aesthetician Cosmetologist Electrologist Manicurist

I declare, as the Cosmetology Manager or Owner, the foregoing statements are true to the best of my knowledge and belief, and that I personally completed and signed this form. (If unable to provide a digital signature print and sign form.)

Signature of Cosmetology Manager or Owner **Date** / /

Address (number, street, city, state, zip code) **License Number:**