

MISSISSIPPI STATE BOARD OF COSMETOLOGY

**CERTIFICATION OF INSTRUCTOR EMPLOYMENT**

(Please complete one form for each Instructor who will be teaching in the school.)

|  |  |
| --- | --- |
| School Name |  |
|  |
| Instructor Name |  |
| Instructor Registration Number |  |
| License Expiration Date |  |
| Instructor Social Security Number |  |
|  |
| Position (Check Applicable) | Lead Instructor |  |
| Full Time Instructor |  |
| Part Time Instructor |  |
| Substitute |  |
| Other (Explain)  |  |
|  |
| Work Schedule | Monday | Hours: |
| Tuesday | Hours: |
| Wednesday | Hours: |
| Thursday | Hours: |
| Friday | Hours: |
| Saturday | Hours: |
|  |
| Date of Hire |  |
|  |
| Last Continuing Education Acquired |  |

We do hereby attest that this is a true and accurate statement of employment.

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

Instructor Signature Date

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

School Agent Date