

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		
Hiring Manager Name		
Hiring Manager Phone		
Hiring Manager Email		
Instructor Name		
Instructor Registration Number		
License Expiration Date		
Instructor Social Security Number		
Instructor Email Address		
Instructor Phone 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