

CERTIFICATION OF EMPLOYMENT

If you have more than one employer you must submit a separate CERTIFICATION OF EMPLOYMENT FORM for each one.

NAME OF APPLICANT:	
NAME OF SUPERVISOR:	
LICENSE NUMBER AND NAME OF SALON:	
ADDRESS OF SALON:	
TELEPHONE NUMBER OF SALON:	
PERIOD OF EMPLOYMENT: (example: January 2, 2006 – October 12, 2006)	

BY SIGNING BELOW, I VERIFY THAT I WAS EMPLOYED AT THE ABOVE NAMED COSMETOLOGY SALON DURING THE PERIOD OF EMPLOYMENT LISTED ABOVE.

BY SIGNING BELOW, I VERIFY THAT THIS SECTION IS IN THE ORIGINAL FORMAT AS SUPPLIED BY THE DEPARTMENT OF STATE AND HAS NOT BEEN ALTERED OR OTHERWISE MODIFIED IN ANY WAY. I AM AWARE OF THE CRIMINAL PENALTIES FOR TAMPERING WITH PUBLIC RECORDS OR INFORMATION PURSUANT TO 18 Pa. C.S. § 49.11.

ADDITIONALLY, I CERTIFY THAT THE STATEMENTS IN THIS SECTION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT ANY FALSE STATEMENT MADE IS SUBJECT TO THE PENALTIES OF 18 Pa. C.S. § 4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

APPLICANT'S SIGNATURE _____ DATE _____