



Skin City Tattoo and Body Piercing LLC
 345 SW Pacific Hwy Suite 102, Tigard, Oregon 97223
 503-624-1719

**APPLICATION FOR ADMISSION
 Basic Body Piercing Apprentice Program**

First	Middle Initial	Last
Street Address		
City	State	Zip

Daytime Phone Number	
Evening Phone Number	
Cell Phone Number	
Email Address	

Date of Birth	month/day/year	Are you a U.S. Citizen? <i>Circle One</i>	Yes	No
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Have you served in the U.S. military/armed services? <i>Circle One</i>	Yes	No
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Emergency Contact Information (Optional)

Name	
Street Address	
City, State, Zip	
Phone Number	

I HAVE COMPLETED AND HOLD CERIFICATIONS FOR

Blood Borne Pathogens Training ____ CPR Training ____ Basic First Aid & AED Training ____

EDUCATION

Secondary Education:

High School Graduate – Year _____ Did not complete high school ____
 GED Year _____

I have completed the following postsecondary education: (Check all that apply)

- | | |
|---|----------------------------------|
| Have not attended college | Associate degree |
| Some college | Bachelor's degree |
| Certificate program at community college | Master's degree |
| Private career school certificate/diploma | Doctorate or professional degree |
| Apprenticeship training | Other (Describe below) |

List the name(s) and location(s) of the postsecondary institution(s) you attended:

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Are you currently employed? (Choose one)

Yes, 35+ hours / week Yes, less than 35 hours/week No, not at this time Retired

I am pursuing admission for the following reason: (Choose one)

Career preparation and employment Advanced training / Continuing education Personal development / Self improvement

Application Process:

All materials must be submitted to be considered a complete application. If it is incomplete the process will need to have a new application. Once a complete application is on file it will be reviewed. Upon review a notice will be sent to the applicant regarding acceptance or deny. If there is acceptance from both student and school, there will be a meeting set up to discuss details and answer any questions you may have.

What to expect if your accepted: If you are accepted, you will be obligated to pay a \$100.00 processing fee to obtain your "body piercing trainee license" form from OHLA. Upon receiving your state forms, a curriculum will be set in place from the state as well as your teacher Steve Moon, and training will begin. The student will also be required to pay a \$1000.00 Tuition for your schooling, this can be paid in full or "Skin City LLC" is willing to finance/set up payment plan for this payment. The apprenticeship is required by the state of OR to be no less than 9 months and may last a year or longer. If you are not already, you will have 45 days from your acceptance date, to acquire certifications in CPR, First Aid training, and Bloodborne Pathogens Training. Schooling will begin with history and book studies in various topics and will move towards practical hands on training as your teacher feels fit. Upon finishing your training and your teacher has signed off on you with confidence of your knowledge and ability, you will be required to take and pass a written exam designed by the state, at the state office in Salem, and following the written exam will be a practical (hands on) exam. These exams must be passed within 3 attempts to become a body piercer in the state of OR.

Please attach the following items to this application:

1. Essay on "Your belief of the Body Piercing industry and what you intend to bring into it" (no length requirement)
2. In addition to #1: What/Who has inspired you to want to pursue becoming a Professional Body Piercer?
3. Two letters of recommendation/reference- one professional and one personal
4. Additional or special requirement? (For example: training requires applicants to have manual dexterity/physical mobility; applicants must be able to stand/sit for extended periods of time.)
5. \$50 non-refundable application fee

Is there any other information you would like to provide that might impact your ability to benefit from the program (i.e., physical limitations, dyslexia, attention deficit disorder, etc.)?

I certify that all statements on this application and accompanying documents are complete and true. I also understand that if I am admitted and do not enroll for the "start date" to which I am admitted, I may need to reapply for admission. I understand that submitted materials will not be returned or duplicated.

Signature: _____ **Date:** _____