



## MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING CERTIFICATION OF INSTRUCTOR EMPLOYMENT

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**School Name:** \_\_\_\_\_

**Hiring Manager Name:** \_\_\_\_\_

**Instructor Name:** \_\_\_\_\_

**Instructor License Number:** \_\_\_\_\_

**Instructor Social Security Number:** \_\_\_\_\_

**Instructor Email Address:** \_\_\_\_\_

**Instructor Phone Number:** \_\_\_\_\_

**Date of Hire:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Course to be Taught:** \_\_\_\_\_

**Work Schedule:**

Day	Daytime Hours	Nighttime Hours
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

I certify, under penalty of perjury, that the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hiring Manager

\_\_\_\_\_  
Date