



MISSISSIPPI BOARD OF BARBER EXAMINERS

Request for Hearing

Name: _____ Date: _____

Address: _____ County: _____

DOB: _____ Driver License: _____

SSN: _____ Phone: _____

Reason for Request:

Application Signature _____ Date: _____

Approved/Disapproved _____

Comments _____

Official Signature _____ Date _____



MISSISSIPPI BOARD OF BARBER EXAMINERS

Background Investigation Consent

I, _____ (Applicant's complete name), hereby authorize Mississippi State Board of Examiners and/or its Inspectors to make an independent investigation of my background, references, character, past employment, education, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or for employment or hearing now, and if applicable, during the tenure of being licensed under the Mississippi State Board of Barber Examiners.

I, release _____ the Mississippi State Board of Barber Examiners and/or its Inspectors and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge.

Full Name _____

Maiden name or other names used _____

Present Street Address _____ How Long? _____

City/State _____ Zip _____

Former Street Address _____ How long? _____

City/State _____ Zip _____

DOB _____ SSN# _____ Driver's License _____

Signature _____ Date: _____



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Background Questionnaire

Name: _____ Date: _____

Address: _____ Birth Place _____

Sex: M ___ F ___ DOB: _____ Contact Number _____

1. Have you ever applied for any position with this agency? ___ YES ___ NO

If "YES" provide month and year of application: _____

2. Have you ever been convicted of felony? ___ YES ___ NO

If "YES" provide what county and month/ year of conviction:

3. During the past 10 years, were you fired from any job for any reason, did you quit after being told that you would be fired, or did you leave by mutual agreement due to specific problems or reasons? ___ YES ___ NO

If "YES" provide reason(s) and explanation why:

4. Have you ever possessed, used, distributed, experimented, abused, manufactured, grown or sold any illegal narcotics or drugs in the past 10 years? ___ YES ___ NO

If "YES" provide a brief statement of what drug or narcotic and why:

5. Have you ever been convicted of misdemeanor domestic violence?

YES NO

If "YES" provide county in which offense occurred and month/year:

6. Have you ever been charged or convicted of misdemeanor simple assault or caused bodily harm to another in the past five years? YES NO

If "YES" provide county in which offense occurred and month/year:

7. Have you ever been committed or referred for any type of psychological/mental health evaluation or referral in the past ten (10) years? YES NO

If "YES" provide location and name of institution to include month/year:

8. Have you ever had any known association or affiliation with a gang or organization in the past ten (10) years? YES NO

If "YES" provide what organization and role to include how long affiliated:

I certify that, to the best of my knowledge and belief, all of my statements are true, correct and made in good faith.

Signature _____ Date _____





