



FACIALS/NAILS SPECIALTY



A complete application must include the following items listed below:

- **1: Complete the MARION TECHNICAL COLLEGE ONLINE APPLICATION.**
- **2: Submit Option A or B.**

OPTION A: Application Essay

Tell us why you are interested in the program and what you know about the profession.

OR

OPTION B: Application Questionnaire

Please print legibly and respond briefly to all of the questions.

- **3: Submit Three completed Recommendation Forms. (included in packet)**
References cannot be related to you; No family members, friends, spouses etc.
- **4: TWO (2) Professional Salon Service Questionnaires.**
- **5: Read, sign, and date Technical Standards Form.**
- **6: Recommend attendance at MTC Information Session**
 - Dates are on the www.MarionTC.edu website.



Facials/Nails Specialty Application Essay

In your own words, please use the following section to tell us why you are interested in the Facials/Nails Specialty Program, as well as what you know about the Facials/Nails Specialty profession. (This essay **MUST** be handwritten. Cursive is preferred; however, this essay must be legible or it will not be valid.)

NAME: _____ **DATE:** _____



FACIALS/NAILS SPECIALY APPLICATION QUESTIONNAIRE

APPLICANT NAME: _____ **DATE:** _____

Please print legibly and respond briefly to the following questions:

1. REASON FOR APPLYING/UNDERSTANDING OF THE FIELD

- a. Tell us why you would like to become a Facials/Nails Specialist.

- b. Do you have any experience in the Facials/Nails Industry? If so, please explain.

- c. Tell us what you know about the Facials/Nails Technology field.

- d. Tell us what your plans/goals are for the future if you were to become a Facials/Nails Specialist.

2. FINANCIAL AND TIME MANAGEMENT ARRANGEMENTS

- a. What hardships do you foresee, if any, with the 90% attendance requirement for the program? Please explain how you plan to deal with this problem(s).

- b. What arrangements have you made to provide for the expenses involved in the program? Considering time dedicated for class and study, do you plan to work during your enrollment?

- c. Do you have reliable transportation? Do you have a back-up plan?



3. GENERAL QUESTIONS

a. What are some comments that your most recent employer / teacher has made to you about your performance at work / school?

b. Approximately how many days have you missed from work / school in the past year? _____ Two years? _____

Can you explain the reason for the majority of these absences?

c. Can you relay to us the most recent experience you had dealing with a conflict situation involving another person at work or school? What did you learn from this experience?

d. How well do you manage dealing with difficult people or people that are from a different culture or have different beliefs?

e. Can you tell us about an experience that demonstrates your ability to handle unexpected changes at work, school or at home?

f. How did you hear about our program?

NAME: _____ **DATE:** _____



**Grooming and Salon Services
Recommendation Form**

_____ has applied for the following program:

Day Cosmetology / Evening Cosmetology / Evening Facials/ Day Nails / Day Barbering /

Other: _____.

Please answer the following questions in reference to your knowledge of this applicant.

IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?

Professional / Personal (non-relative) /Other: _____

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

**WHAT DO YOU KNOW ABOUT THE APPLICANT THAT WOULD MAKE THEM AN ASSET IN THE GROOMING
AND SALON SERVICES FIELD?** _____

ADDITIONAL COMMENTS: _____

SIGNATURE _____ **DATE** _____

NAME (Please Print) _____

PHONE: _____ **EMAIL:** _____



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ADDITIONAL COMMENTS: _____

SIGNATURE _____ DATE _____

NAME (Please Print) _____

PHONE: _____ EMAIL: _____



PROFESSIONAL SERVICE QUESTIONNAIRE

INSTRUCTIONS TO POTENTIAL STUDENTS:

You are required to have two (2) professional nail salon services. You are to ask the Facials/Nails Specialist the following questions; you are to document their answers on your paper. Have the Facials/Nails Specialist sign off and give you a business card to attach to this form. Please return this form with your completed application.

1. How physically demanding is it to be a Facials/Nails Specialist?
2. Are the physical demands more than you expected?
3. Where did you train? Was the training more or less than you expected?
4. How many hours was the program where you received your training?
5. How much marketing is required to maintain your client base?
6. Do you rent, work on commission, or are you on a salary?
7. Do you specialize? Or what Facials/Nails services do you perform the most?
8. What is the demand for your area of expertise?
9. How many hours per week do you work?

Facials/Nails Specialist's Signature

Date

Applicant's Signature

Date



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9. How many hours per week do you work?

Facials/Nails Specialist's Signature

Date

Applicant's Signature

Date



TECHNICAL STANDARDS

Facials/Nails Specialty

The student must be able to meet all of the essential skills to participate in all scheduled classroom, laboratory and client lab sessions:

- Walk the equivalent of three (3) miles a day.
- Grip, reach above shoulder level, bend at the knee, squat, stoop and crawl.
- Sit; stand for prolonged periods of time.
- Perform CPR/First Aid
- Lift a minimum of 50 lbs.
- Manipulate small objects proficiently.
- Tolerate exposure to dust, fumes, chemicals, detergents, body fluids, and latex.
- Distinguish colors.
- See objects as small as 1 mm.
- Withstand varied environmental conditions, such as heat, cold, and moisture.
- Cope with a high level of stress.
- Prioritize and make decisions quickly under pressure.
- Cope with anger, fear, hostility and/or confrontation in a calm manner. Be flexible and self-directed.
- Concentrate.
- Be able to use critical thinking in order to solve problems.
- Demonstrate a high degree of patience and confidentiality.
- Communicate well both verbally and in writing.

Applicant's Signature: _____

Print Name: _____ Date: _____