



West Virginia State Board of Barbers and Cosmetologists

1201 Dunbar Avenue
Dunbar, West Virginia 25064
Tel: 304.558.2924 Fax: 304.558.3450
www.wvbbc.com

CERTIFICATION OF EMPLOYMENT

This form certifies your employment. Please note that the bottom portion of this form must be completed by your former employer.

Check Profession Worked: Aesthetician Barber Cosmetologist Nail Technician

PERSONAL INFORMATION

Applicant's Name

Company's Name Phone

Company's Address

Owner/Manager's Name

Start Date of Employment End Date of Employment

The section below is to be completed by a former employer. If former employer cannot sign this form and have notarized, tax records may be attached to this document to verify work history.

EMPLOYER SIGNATURE

I hereby certify that the above is correct in every respect.

Name Phone

Address Title

Signed By _____ Date

NOTARY SIGNATURE

The above information and signatures are true to the best of my knowledge.

Notary's Name County Of

State Of

Stamp Here

Sworn and subscribed to me on: Date: Signed By _____

This form contains Personally Identifiable Information (PII). The SSN number collected within this form is to manage your license account by effectively identifying your information and **will not** be shared with a third-party. The information collected on this form will be securely protected through the Board's server database. By submitting this form, I agree to the policy.