



Hart Career Center

Mexico School District, 905 N. Wade Street, Mexico MO 65265 | (573) 581-5684 | mexicoschools.net
Chris Denham, Director

Dear Potential Cosmetology Student:

Thank you for expressing interest in our Cosmetology Program at Davis H. Hart Career Center. Please review the enclosed information regarding this program. If you are still interested in applying for admission into our Cosmetology Program, please complete the enclosed application packet and return it along with your non-refundable \$40.00 application fee to:

Davis H. Hart Career Center
Student Services
905 North Wade
Mexico, MO 65265

Please make checks payable to Mexico Public Schools.

We will be testing and interviewing eligible post-secondary applicants on Friday, March 21, 2025 at Hart Career Center. After review of your application, we will determine your eligibility to the program and call to set up an interview appointment.

If you are accepted into our Cosmetology Program, a non-refundable Lab Fee of \$700.00 will be due at Hart Career Center by Friday, May 2, 2025 to hold your spot in our Cosmetology Department.

If you have any questions or concerns, please feel free to contact me at (573)581-5684 ext. 2702.

Sincerely,

A handwritten signature in black ink that reads "Keri Poehlman".

Keri Poehlman
Guidance Counselor
Davis H. Hart Career Center

*Date is subject to change

**DAVIS H. HART CAREER CENTER
905 NORTH WADE
MEXICO, MO 65265
573-581-5684**

Cosmetology Post-Secondary Student Application

This application is personal and confidential. It does not constitute acceptance into the program. Acceptance will be based on:

- Ability to benefit from the training program
- Interview and assessment results
- Space availability

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Do you have a driver's license? _____ Yes _____ No

Education:

Please list institutions of education starting with high school and including all adult education. If you did not attend high school, please put in GED completion information. (Use additional paper if needed.)

School (name and address)	Dates of Attendance	Degree/Diploma

Work Experience:

Please complete information starting with current employment. (Use additional paper as needed.)

Company: _____

Dates Employed: _____ Position: _____

Duties: _____

Reason for Leaving: _____
Contact Person name and phone number: _____

Company: _____
Dates Employed: _____ Position: _____
Duties: _____
Reason for Leaving: _____ Contact Person: _____

Company: _____
Dates Employed: _____ Position: _____
Duties: _____
Reason for Leaving: _____ Contact Person: _____

May we contact these employers? _____ Yes _____ No

Additional References:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Have you ever been convicted of a felony? _____ Yes _____ No

(A criminal history check will be run on post-secondary applicants.)

Career Goals:

Please answer the following questions in paragraph form.

1. Why are you considering this program?
2. What are your plans for using the training that you receive at the Career Center?

I verify that all the information contained in this application is true.

Applicant's Signature

Date

Please submit this application with a non-refundable application fee.

As a political subdivision, employer, recipient of federal funds, and an educational institution, the Board of Education is prohibited from, and hereby declares a policy against engaging in unlawful discrimination. This includes harassment and creating a hostile environment on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, or use of leave protected by the Family and Medical Leave Act, in its programs, activities, and with regard to employment. The Board of Education is an equal opportunity employer.



MISSOURI STATE HIGHWAY PATROL
REQUEST FOR CRIMINAL RECORD CHECK

SHP-158S 11/18

PLEASE PRINT OR TYPE.

GENERAL INFORMATION

APPLICANT'S LAST NAME	FIRST	MIDDLE	JR / SR

MAIDEN / ALIAS LAST NAME	FIRST	MIDDLE	JR / SR

SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	RACE <input type="checkbox"/> BLACK <input type="checkbox"/> WHITE	<input type="checkbox"/> INDIAN <input type="checkbox"/> ASIAN	<input type="checkbox"/> OTHER
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ADDRESS	STREET - P.O. BOX	CITY	STATE	ZIP CODE

TYPE OF RECORD CHECK — PROCESSING FEE — METHOD OF PAYMENT

(per Sections 43.527 and 43.530, RSMo.)

<input checked="" type="checkbox"/> \$14.00 NAME SEARCH Based on NAME, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER. Response will be returned with all open records and records of conviction.	<input type="checkbox"/> \$20.00 FINGERPRINT SEARCH <input type="checkbox"/> Open Records <input type="checkbox"/> Open and Closed Records	<input type="checkbox"/> \$2.00 NOTARY LETTER
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Fee is payable either by check or money order (NO CASH) to "State of Missouri, Criminal Record System Fund."
Either the Date of Birth OR Social Security Number MUST be provided for processing.
 For faster processing criminal record checks are available online at: www.machs.mo.gov

Please forward the request and fee to:
Missouri State Highway Patrol
Criminal Justice Information Services Division
 Post Office Box 9500
 Jefferson City, MO 65102

MSHP / CENTRAL REPOSITORY RESPONSE

SEND REPLY TO (Print or type your mailing label below.)

Telephone (include area code) _____

