



368 McLaws Circle
 Williamsburg, VA 23185
 Phone (757)220-8000
 Email: info@americanspiritinstitute.com

Application for Admission

A \$75.00 Application Fee Must Accompany this Application and copy of state issued ID

Name: _____

Last, First Middle

Address: _____ City: _____ State: _____ Zip: _____

Contact Phone

Home: (____) _____ Cell: (____) _____ Work: (____) _____ Email

address: _____

SSN: ____ - ____ - ____ Date of Birth: ____ / ____ / ____

Formal Education

	Name	Level Completed (circle one)	Graduation Date	Area of Study
High School		1 2 3 4		
College		1 2 3 4		
Vocational		1 2 3 4		
Graduate		1 2 3 4		
Other		1 2 3 4		

Please list previous experience in massage, esthetics, or other related professions:

Emergency Contact

Name: _____ Address: _____

Phone 1: _____ Phone 2: _____ Relation: _____

References

Please provide at least 2 references
Name Address Phone Years Known

1				
2				

Employment History

Please begin with most recent Employer

Company Name:		City/State:	
Position Held:		Start Date:	End Date:
Supervisor:		Contact Phone:	

Company Name:		City/State:	
Position Held:		Start Date:	End Date:
Supervisor:		Contact Phone:	

Have you been treated for any medical condition other than colds or minor injuries in the last five years? Please circle one: YES NO

If yes, please explain:

Have you ever been convicted of a felony or misdemeanor other than a traffic offense? Please circle one: YES NO

If yes, please explain (dates included):

Probation? Please circle one: YES NO

* I understand that ASI is not responsible for the board's decision upon licensure: Initial:

Program for which you are applying: _____

Planned start date: _____ Location preferred: Williamsburg Richmond (circle one)

Application Agreement

By signing this form, I also state that to the best of my knowledge I am free of communicable diseases, in good health, and physically able to practice in this field. I also affirm that I have read the school's catalog. I understand and will comply with the policies stated therein.

Please state any problem contrary to the above paragraph: _____

Signature: Date:

