

Employer Application



1. Name of Prospective Apprentice JAMES ALEXANDER CLARKE
2. Trade APPRENTICE BARBER
3. Date Employment Started _____

4. Business Information

HOUSE OF FADE BARBERSHOP LTD.

Business Operating Name

<u>1 HUMPREY ST</u>	<u>MONCTON</u>	<u>NEW BRUNSWICK</u>	<u>E1C 6N8</u>
Mailing Address	City/Town	Province	Postal Code

506-878-0077
Primary Phone #

Secondary Phone #

Fax#

E-Mail Address

Do you have a Registered or Master Barbers on staff who holds a Certificate of Qualification?

Yes No

If no:

Do you have a Barber who has a minimum of 7 years experience in the trade?

Yes No

Signing Authority for Employer

I have the authority as, or on behalf of, the employer to complete this Apprenticeship Application form.

JAKE TACADAO

Name

OWNER

Position with Employer

Signature

Date

