



# West Virginia State Board of Barbers and Cosmetologists

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Amanda D. Cunningham  
Director

## 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.