

Mansfield Beauty Schools

Salon Apprenticeship Placement Application

Salon Owner First Name _____ Middle Initial _____ Last Name _____

Name of Salon _____ Salon License Number (attach copy) _____

Salon Address _____

City _____ State MA Zip Code _____

The undersigned hereby certify that they are authorized representatives and agree to certify:

1. The above named salon is licensed by the Massachusetts Board of Cosmetology and Barbering.
2. I have read and agree to all terms of the Apprenticeship Policy applicable to a Salon including Section D of Policy NO. 2019-01: Student Apprenticeship & Employment Policy. (may be found on <https://www.mass.gov/orgs/board-of-registration-of-cosmetology-and-barbering>.)
3. I will retain a copy of the executed copy of this Placement Agreement on the licensed premises.
4. I agree not to engage apprentices as independent contractors or unpaid workers, but will engage apprentices as employees of the shop.
5. That the entry wage rate for every apprentice shall be not less than the minimum wage prescribed by applicable law and shall not be a wage rate for a tipped employee.
6. I will designate one or more approved Salon Apprentice Supervisors
7. I agree that no apprentice will work in our shop without an approved Apprentice Supervisor present
8. I agree that no apprentice supervisor will supervise more than two (2) apprentices in the shop at the same time.
9. I understand that I as the holder of the shop license and the Salon Supervisor present in the shop shall be jointly responsible for all services performed in the shop by an apprentice
10. I agree that I will assure that the Apprentice's Salon Supervisor shall certify to the school each week all hours worked by the apprentice in subjects required by the cosmetology curriculum under the Board's regulations, using a form approved by the Board.

I agree to a visit from the school designee.

Signature of Salon Official _____ Date _____

I hereby certify that we have visited the above named salon on _____

Signature of School Designee _____ Date _____