



Dear Applicant,

We would like to thank you for applying to Young Nails South Africa for a mentor position. Young Nails has the top education program in the country focusing on innovative new products and techniques helping nail technicians achieve success in the salon. Our focus is on bringing the highest quality products with the best education to every nail technician in the world.

Please take your time and fill out the attached application. Once it is complete, post or mail to Young Nails head office for review. If you have any questions at all, please feel free to email, or call direct.

Thank you for your interest in Young Nails.

Sincerely,

Yolande Bekker
Young Nails South Africa





Mentor Application Form

Date _____

Name & Surname _____

Address _____

_____ Code _____

How long at current address _____

ID number: _____

Phone _____

Fax _____

Email _____

type of school	name of school	location	# of years	major & degree
high school				
college				
trade school				
professional school				

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying? Yes / No

If yes, please explain number of convictions, nature of offense(s), leading to conviction(s), how recently such offense(s), was/were committed, sentence(s) imposed, and type(s) of rehabilitation:



1. Name _____ Phone _____

Company _____ Position _____

Address _____

Code _____

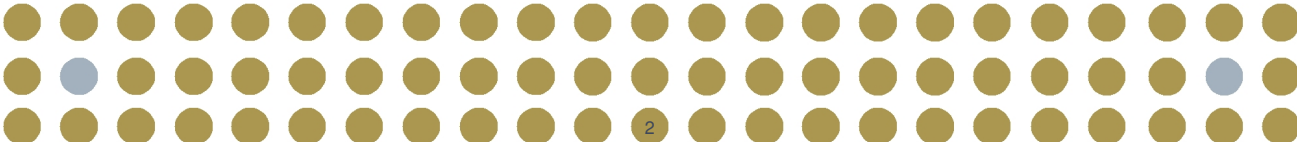
2. Name _____ Phone _____

Company _____ Position _____

Address _____

Code _____

We would like to know why you desire to be a Young Nails Mentor and why you should be a part of the Young Nails Team. If more space is needed, please attach to this form.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Are you currently working as a mentor for another brand?

Yes / No

How many years have you worked in a salon? _____

List the salons you have worked starting with the most recent:

1. Salon name _____ Phone _____ Years employed _____

Address _____
_____ Code _____

2. Salon name _____ Phone _____ Years employed _____

Address _____
_____ Code _____

Are you available for travel? Yes / No

Are you proficient with the following applications? Please explain:

Acrylic _____

Gel _____

Electric Filing _____

Imagination Art (color acrylic, glitters, etc.) _____

Which Young Nails seminars/classes have you attended? _____

How long have you been using the Young Nails line? _____

What other systems have you tried in the past? _____

How did you find out about the Young Nails education program? _____

What makes you an industry leader and what sets you apart from the average nail technician?



Please submit pictures of your current and/or past work and provide explanations of designs.

Young Nails would like to thank you for applying to be an educator. Once submitted, we will review and notify you as soon as possible. Please don't hesitate to call if you have any questions at

011 393 2791/2

Mail your application and additional materials to:

Young Nails South Africa
25 Loretha Street
Van Riebeeck Park
Kempton Park
1619

or email to

info@youngnails.co.za

