

**OUT-OF-STATE
WORK EXPERIENCE AFFIDAVIT**

South Dakota Cosmetology Commission 500 E Capitol Ave., Pierre SD 57501

PLEASE BE ADVISED THAT IN SOUTH DAKOTA SUPPLYING FALSE INFORMATION ON THIS FORM WHICH BECOMES PART OF AN APPLICATION IS PUNISHABLE BY LAW. (7/03)

Please print. All information must be completed. APPLICANT – Work experience must be within the last five years. If the work experience was obtained more than five years before the date of this application, the applicant must take a commission-approved safety and sanitation course in order to receive credit for the work experience. Contact the commission office for further information.

1. Employee information (completed by employee)

Employee name:

Employee address:

City:

State:

2. Work information (completed by salon manager, salon owner, or person signing this form*)

Salon name:

Owner/Manager name:

Salon address:

City:

State:

Salon telephone number:

Employment dates: start date:

end date:

Total number of clock hours worked:

I declare and affirm under the penalties of perjury that this information has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signed *: _____

(person signing must have notarized)

Telephone number

*Cannot be signed by the employee. If the employee is the same as the owner or manager, then someone else such as an accountant, former client, or former employee must complete and sign this form.

Subscribed and sworn to me before this _____ day of _____, 20____.

(seal)

Notary Public signature

My commission expires: _____