



Educator Application – Independent Contractor

Please send the following to OPI_Recruiter@cotyinc.com

*Open & save this PDF in Adobe Acrobat

- Completed application
- Video application link
- Cosmetology or Nail License application

APPLICANT INFORMATION

Last		First	M.I.	Date
Street Address			City	
State		Zip	Home Phone	
Cell Phone		E-mail Address		
Shipping Address				City
State		Zip	Instagram	Facebook
Salon Name		Salon phone	Salon website	
Drivers License No.		Social Security No.		
Do you have your own vehicle?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Insurance Carrier
Current OPI Distributor			Distributor Sales Rep.	
Do you have a valid credit card with an available line of credit to cover expenses until reimbursed by OPI?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Which best describes your salon: <input type="checkbox"/> Full service <input type="checkbox"/> Nail & Skin Care <input type="checkbox"/> Nail Services Only <input type="checkbox"/> Spa/Day Spa <input type="checkbox"/> Other:				
Are you a: <input type="checkbox"/> Salon Owner <input type="checkbox"/> Booth Renter <input type="checkbox"/> Spa/Salon Owner <input type="checkbox"/> Other:				
What language(s) are you fluent in?				
Can you read and write in above language(s)? YES <input type="checkbox"/> NO <input type="checkbox"/>				

COSMETOLOGY SCHOOL INFORMATION

School Name		School Teacher Name		
Address				
City		State	Zip	Phone No.
Graduation Date	License No.			

WORKING WITH OPI

Please indicate (check) days you are available to educate for OPI:

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

Will you drive 2-3 hours to a location to educate? YES NO If NO, please explain –

Will you travel by airplane? YES NO If NO, please explain –

Do you have access to email and cell phone on a regular basis? YES NO

Do you have any food allergies? YES NO If YES, please explain –



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QUESTIONS ABOUT YOU

Why do you want to be an OPI Educator (Independent Contractor)?

What strengths do you have that can help you deliver the OPI message when teaching a class?

Please list the OPI Products you are currently using:

Please list the NON-OPI Products you are currently using:

Please list any OPI classes you have attended:

Please list any NON-OPI classes you have attended:

Have you ever worked as an Educator for another manufacturer? YES NO If yes, where?

Please rate your skill level on the following products with a:

1 – Never Use 2 3- Satisfactory 4 5 – Excellent

Rating	OPI Enhancement System	Rating	OPI Enhancement System
	Absolute Acrylic System		OPI GelColor
	Competition Advanced Formula		OPI ProSpa
	Clarite Odor & Tack Free System		OPI Infinite Shine
	Axxium Gel System		

Please indicate (check) the services you offer in your salon:

<input type="checkbox"/>	Manicure & Natural Nail Care	<input type="checkbox"/>	Gel Polish
<input type="checkbox"/>	Pedicure	<input type="checkbox"/>	Massage
<input type="checkbox"/>	Sculptured Nails	<input type="checkbox"/>	Hard Gels
<input type="checkbox"/>	Nail Art	<input type="checkbox"/>	

Other:

REFERENCES

Please list three professional references.

Full Name	Relationship

O·P·I

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Company		Phone	()
Address			
Full Name		Relationship	
Company		Phone	()
Address			
Full Name		Relationship	
Company		Phone	()
Address			

EMPLOYMENT

Company		Phone ()	Title
Address		Supervisor	
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	Title
Address		Supervisor	
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	Title
Address		Supervisor	
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

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