



Please print clearly.

 Name _____ Phone/Cell _____ Email _____
 Address _____ City _____ State _____ Zip Code _____

Employment Status
 Unemployed Employed

Location _____ Title _____

MA State Resident
 Yes No Can you Provide Citizenship/Work Authorization? Yes No

Are you currently receiving assistance?
 SNAP TAFDC SSI Unemployment Insurance Other: _____ Not receiving assistance

Highest Level of Education
 9th-12th grade, no diploma High School Diploma GED/High School Equivalency Some college, no degree

 Associate degree: _____ Bachelor degree or higher: _____

Which training program(s) are you interested in? Check all that apply.
 Certificate in Hospitality Core Skills (42 hours) Certificate in Culinary Core Skills (39 hours)

 Certificate in Hospitality Supervision and Management Core Skills (123 hours)

Certificate	Courses	Hours
Hospitality Core Skills for Front-of-the-House Operations 42 total hours	Introduction to Hospitality Customer Engagement Steps of Service Intro to Wine	12 hours 21 hours 3 hours 6 hours
Certificate in Culinary Core Skills for Back-of-the-House Operations 39 total hours	Introduction to Hospitality ServSafe Certification Knife Skills Food Prep	12 hours 8 hours 3 hours 12 hours
Externship (Optional) 160 hours 2-month, paid externship at a participating company	Pre-requisite is at least one of the following completed certificates: Hospitality Core Skills Culinary Core Skills	42 hours 39 hours
Certificate in Hospitality Supervision and Management Core Skills 123 total hours	Introduction to Hospitality Customer Engagement Business Basics for Hospitality Hospitality Leaders HR for Hospitality	12 hours 21 hours 30 hours 30 hours 30 hours



Application for Culinary and Hospitality
Non-Credit Certificates • Spring 2019



Please describe any prior work in the culinary or hospitality field(s):

Please describe why you are interested in this training:

How did you hear about this training?

By signing below, I am committed to finding work in either the culinary or hospitality industry, have reliable transportation, am willing to have CORI and drug testing done, and can commit to the entire duration of this training program.

Signature: _____ Date: _____
If special accommodations are needed please inform us in writing.

Send your completed application to Denise Johns either by email to djohns@berkshirecc.edu or mail to:
Berkshire Community College, ATTN: Workforce Development, 1350 West Street, Pittsfield, MA 01201
Please call 413.236-2125 with questions.