



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? Please indicate order of preference if interested in more than 1 program.

- Certificate in Hospitality Core Skills Certificate in Culinary Core Skills
 Certificate in Hospitality Leadership (Rising Managers)

Certificate	Courses
Hospitality Core Skills for Front-of-the-House Operations	Introduction to Hospitality Customer Engagement Steps of Service Intro to Wine
Culinary Core Skills for Back-of-the-House Operations	Introduction to Hospitality ServSafe Certification Knife Skills Food Prep
Hospitality Leadership (Rising Managers) Applicants for this certificate are required to submit one (1) letter of support along with his/her application.	Introduction to Hospitality Customer Engagement Business Basics for Hospitality Hospitality Leaders HR for Hospitality



Application for Fast-Track Hospitality & Culinary Non-Credit Certificates • Spring 2019



Are you interested in an internship opportunity? Yes No

Internship (Optional)

2-month, paid internship at a participating company

Pre-requisite is at least one of the following completed certificates:
Hospitality Core Skills
Culinary Core Skills

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, and can commit to the entire duration of this training program.

Signature: _____ Date: _____

If you are a person with a disability and need accommodations for this program, please contact the Disability Resource Center at 413-236-1614.

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.