

THE NEW YORK HOTEL TRADES COUNCIL
INDUSTRY TRAINING PROGRAM
THE HOTEL ASSOCIATION OF NEW YORK CITY, INC.

APPLICATION FOR TRAINING

Please complete and return to:

INDUSTRY TRAINING PROGRAM
43-47 37th Street
Long Island City, N.Y. 11101
Tel: 718-361-5100, ext. 3600
Fax: 718-361-8511

Social Security Number

Last Name

First Name

Address

Apt. #

City/Borough

State

Zip Code

Home Telephone Number

Work Telephone Number

Cellular or Beeper Number

Employer (Hotel or Club) Name

Employer (Hotel or Club) Address

Job Title

Department

Local Union

I work days. I work nights.

My hours are ____ to ____ My days off are _____ & _____

1. Do you have a High School Diploma in English from the USA? Yes No
You will not be required to take the reading comprehension test if you forward a copy of your diploma with this application. Thank you.
2. What class would you like to attend? Please check **only one**.
 À La Carte Server Banquet Server Tournant (Culinary Arts)
 Boiler Mechanic Electrical Mechanic Plumbing Mechanic
 Air Conditioning & Refrigeration Mechanic Computer Skills
3. When is it most convenient for you to attend class? Mornings Evenings

PLEASE SIGN:

FOR OFFICE USE ONLY

Eligibility Verified By/Date _____

1 year H/W: Yes No

Comments: _____