

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

_____,
Last Name First Name

Address Apt. #

City/Borough State Zip Code

Home Telephone Number Work Telephone Number Cell Number

Employer Name (Hotel, Club, Concession or Casino) Employer Address (Hotel, Club, Concession or Casino)

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

2. What class would you like to attend?

☐ Banquet Server

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: _____

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