



**BARS TO GO TRAINING INSTITUTE
APPLICATION FORM**

DATE: _____/_____/_____

PERSONAL INFORMATION:

TRN #: _____ - _____ - _____ Expected Start Date: _____

Miss, Mrs., Ms., or Mr.

(Circle One)

Maiden Name (if applicable): _____

Mailing Address:

Home Phone: _____

Email Address (if any) _____

Cell Phone Number: _____

Work Phone: _____

Emergency Contact:

Name: _____

Phone Number: _____

Relationship: _____

Address: _____

Emergency Contact:

Name: _____

Phone Number: _____

Relationship: _____

Address: _____



**BARS TO GO TRAINING INSTITUTE
APPLICATION FORM**

Kindly indicate the service(s) you require.

Assessment Only

Training & Assessment

QUALIFICATION PATH/SKILL	COURSES TO BE COMPLETED
(Indicate with a tick ✓)	
• Basic Bartending	
• Basic Cocktail	
• Advance Bartending & Mixology	
• Food and Beverage	
• Janitorial Services	
• Customer Service	
• 1 Day Customer Services	
• 1 Day Flair Basics	
• 1 Day Wine Basics	
• 1 Day Bartender Basics	
• 1 Day Cocktail Basics	
• 1 Day Waitering & Table Setting	
• 1 Day Bar & Culinary Garnish	
• 2 Day Bartending & Cocktail Advanced	
• 3 Day Working Flair	
• 5 Day Bartending & Cocktail	

School History:

High School

Date of Graduation

College(s)/ other:

Date of Graduation



**BARS TO GO TRAINING INSTITUTE
APPLICATION FORM**

List special recognition(s) given for academic achievements/awards:

Employment History:

Occupation/Job Title:

Employer:

Start/End Dates:

_____	_____	____/____ To ____/____
_____	_____	____/____ To ____/____
_____	_____	____/____ To ____/____

ADDITIONAL ITEMS TO BE SUBMITTED WITH APPLICATION: ALSO SEE APPLICATION CHECKLIST INCLUDED

- Submit two passport size pictures
- Submit with application your BET (Bar Entrance Test) Scores of 50% or higher in each Math and English

I hereby certify that the information on this application is complete and accurate in every respect. I realize that failure to provide accurate and/or complete information can result in cancellation of the application and/or revocation of admission.



**BARS TO GO TRAINING INSTITUTE
APPLICATION FORM**

**PLEASE INCLUDE A \$1,000.00 NON-REFUNDABLE FEE WHEN RETURNING THIS FORM.
YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THIS FEE.**

SIGNATURE _____

DATE: _____

OFFICE USE ONLY:

Fee received: YES _____ NO _____

Initials: _____

Receipt#: _____

BET Score: _____