

ServSafe Certification Course

APPLICATION FORM

Part One:

(to be completed by the worker)

Name: _____

Address: _____

Phone: home - _____ cell - _____

Email: _____

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Name of
Employer: _____

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Date of
Hire: _____

I wish to attend the ServSafe Certification Course.

Signature of Worker:

Part Two:

(to be completed by employer)

I confirm that _____ is authorized to attend the Dietary Skills Enhancement ServSafe Certification Program and her/his schedule was adjusted to enable her/him to attend.

Signature & Title of Management Representative:

Part Three:

THIS FORM MUST BE SUBMITTED BY FAX TO: (717) 232-1923

Attention: Nancy Frederick

Phone: 717-238-1826 (office)
724-581-8086 (cell)