

SIGN UP TODAY!

**Visit our website for
up-to-date information
and to fill out the
application online!**

www.MassHireBerkshire.com

*Please email
Training@masshireberkshire.com
with questions.*

***All applicants must be
vaccinated against COVID-19
to participate in these
training programs.***

Must be a Massachusetts resident
to apply

*This program is an Equal Employment
Opportunity*

Certified Nursing Assistant Training Programs

**FREE Training Opportunities
with MassHire Berkshire Workforce Board!**

**Un- and underemployed individuals are encouraged to apply!
Limited spots are available.**



MassHire Berkshire Workforce Board is excited to continue recruitment for future cohorts of our Certified Nursing Assistant Programs! We are accepting applications on a rolling basis for future programs. You will be contacted when dates are announced to confirm that you are available and interested.

Possible programs include:

- A Blended Online training, provided by our partners at Berkshire Healthcare, pairs online learning with hands on clinical experience. Locations vary throughout the county.
- A fully in-person Day program, provided by our partners at Berkshire Health Systems, taking place in Pittsfield.
- A fully in-person Day program, provided by MCLA in partnership with Berkshire Health Systems, taking place in North Adams.

Visit our website to apply!

www.MassHireBerkshire.com/free-certified-nursing-assistant-training



BERKSHIRE WORKFORCE BOARD

Certified Nursing Assistant Program Application

Please print clearly

NAME: _____ DATE OF BIRTH: ____/____/____
(Last, First, MI)

ADDRESS, CITY, STATE, ZIP: _____

PHONE/CELL: _____ EMAIL: _____

EMPLOYMENT STATUS: Unemployed ____ Employed ____

Place of Employment: _____ Title: _____

MA STATE RESIDENT: Yes ___ No ___ Can you Provide Citizenship/Work Authorization? Yes ___ No ___

ARE YOU CURRENTLY RECEIVING ASSISTANCE: SNAP ____ TAFDC ____ SSI ____

Veteran's Benefits ____ Unemployment Insurance ____ Other: _____

Not receiving assistance ____

HIGHEST LEVEL OF EDUCATION:

____ Less than high school, no diploma

____ High School Diploma

____ GED/High School Equivalency

____ Some college, no degree

____ Associate Degree: concentration: _____

____ Bachelor Degree or higher: concentration: _____

Please describe any prior or current work in healthcare:

Are you, or will you be, fully vaccinated against COVID-19 at the time of the program's start? Yes ___ No ___

If no, do you have a religious or medical exemption? Yes ___ No ___

Please attach:

1. A paragraph describing why you are interested in becoming a certified nursing assistant.
2. (Optional) A letter of support from an employer

How did you hear about this training? _____

By signing below, I am committed to finding work as a CNA, have reliable transportation, willing to have CORI and drug testing done, and can commit to the entire duration of this training program.

Signature: _____ Date: _____

The Berkshire Nursing Assistant Program is funded by a senator Kenneth J. Donnelly Workforce Success Grant (Workforce Competitiveness Trust Fund FY'19 Appropriation) through the Massachusetts Executive Office of Labor and Workforce Development and is administered at the state level by the Commonwealth Corporation and at the local level by the Berkshire Workforce Board