



2401 Aluminum Avenue, Hampton, VA 23661
(757) 596-7188 ext. 103
(757) 595-2507 (fax)

**CULINARY TRAINING
CANDIDATE APPLICATION**

Part I - Applicant Information (Please print clearly)

Date: _____

Name: _____

Address: _____
Street address Apt. # City State Zip code

Home # _____ Cell# _____

Emergency Contact: _____
Name Phone # Relationship

Social Security Number: XXX-XX- _____ Sex: Male Female

What is your mode of transportation? Personal Car Public Transit System

Birth Date: _____ Birth Place: _____

Are you a U.S. Citizen? No Yes

**Have you ever been convicted of a felony(s) or misdemeanor (s) resulting
imprisonment or probation? No Yes**

**If yes, please provide date and details. If more than one, please list all dates and
details.** _____

Have you ever been convicted of a Sex Offense No Yes

Are you currently on Parole? No Yes Probation No Yes

Name of Parole/Probation Officer: _____

Phone Number: _____ Fax #: _____

Are you in a transitional housing/shelter or foster home? No Yes

Name of Program: _____

Address: _____

Name of Contact Person/Case Manager: _____

Phone Number: _____

How did you hear about our program?

Flyer Television Radio Personal Referral Website
 Other _____

Part II – Household Income Information

Are you currently?

Employed Receiving Public Assistance* Currently supported by family members

Living in a Foster Care Placement* Receiving SSI*

*Case Worker: _____ Phone: _____

Part III – Educational Background

Do you have a High School Diploma or GED? Yes No

Have you ever attended college or educational training program?

No Yes If **YES**- please list program below:

College or Program name	Type of training	Date
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College or Program name	Type of training	Date
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Part IV – Health History

Can you lift over 50lbs? **No** **Yes**

Can you stand on your feet for a prolonged period of time? **No** **Yes**

Can you bend, stoop and lift? **No** **Yes**

Do you have any other physical, medical or other conditions that might affect your job assignment? **No** **Yes**

The Virginia Peninsula Foodbank requires a drug screening for eligibility. Are you able to pass a drug screening? **No** **Yes** If **No**, please explain.

Are you attending a drug/alcohol rehabilitation program?
 No **Yes** If **Yes**, Indicate the program and the hours you attend.

Part V – Work History

Please tell us more about your past work experience. Complete this form to tell us about places where you have previously worked and types of jobs you have held.

Company Name: _____
Position: _____
Address: _____
Start date: _____ End date: _____
Start wages: _____ Ending wages: _____
Supervisor Name _____ Reason for leaving _____

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Part VI – Uniform Sizing Information

Please indicate the following (S, M, L, XL, XXL, etc...)
Shirt Size: _____

I certify that all information I have provided in order to apply for entrance into the VPF Culinary Training Program is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient in ending consideration of this application whenever it is discovered.

I understand the above applicant statements _____
Signature of Applicant Date

Forward Completed Applications to:
Virginia Peninsula Foodbank, Attn: Jacquelyn D. Linder
Culinary Training Program
2401 Aluminum Avenue, Hampton, VA 23661
Applications can also be faxed to: (757) 595-2507

DO NOT WRITE BELOW THIS LINE

Interview: No Yes Date: _____

Result of Interview: _____

Acceptable for Program No Yes _____

Interviewed by: _____ Aptitude Test Score: _____

“The Virginia Peninsula Foodbank is a Drug Free Workplace”