

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

Part I - Applicant Information (Please print clearly)

Date:				
Name:				
Address: Apt			7in anda	
Street address Apt.	# City	State	e Zip code	
Home #	Cell	#		
Emergency Contact:				
Name		Phone #	Relationship	
Social Security Number: XXX-XX-		Sex:	□ Male □Female	
What is your mode of transportation?	□Persona	ıl Car □Pu	blic Transit System	
Birth Date:	Birth Place:			
Are you a U.S. Citizen? □ No □ Y	es			
Have you ever been convicted of a f imprisonment or probation? □ No If yes, please provide date and details.	☐ Yes ils. If mor	e than one, plea	_	

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: Fax #:					
Name of Program:	g/shelter or foster home?				
	Ianager:				
How did you hear about our pro	ogram?				
□Flyer □Television □	Radio Personal Referral	Website			
Part II – Household Income Info	rmation				
Are you currently? □Employed □Receiving Public members □Living in a Foster Care Placeme	Assistance* □Currently supported nt* □Receiving SSI*	l by family			
*Case Worker:	Phone:				
Part III – Educational Backgrou	nd				
Do you have a High School Diplo	ma or GED? □Yes □No				
Have you ever attended college or □ No □ Yes If <u>YES</u> - please list					
College or Program name	Type of training	Date			
College or Program name	Type of training	Date			
College or Program name	Type of training	Date			

Part IV – Health History					
Can you lift over 50lbs? \square No \square Yes					
Can you stand on your feet for a prolonged period of time? \square No \square Yes					
Can you bend, stoop and lift? \square No \square Yes					
Do you have any other physical, medical or other conditions that might affect your job assignment? \Box No \Box 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					
Company Name: Position: Address:					
Start date: End date:					
Start wages: Ending wages:					
Supervisor Name: Reason for leaving:					

Company Name: _____ 3

Position:						
Address:						
Start date: End date:						
Start wages: Ending wages:						
Supervisor Name: Reason for leaving:						
<pre>Part VI - Uniform Sizing Information</pre> 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 statement	9					
Tunderstand the above applicant statement	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"