



## CANDIDATE APPLICATION

### Part 1 | APPLICANT INFORMATION *(Please print clearly)* \_\_\_\_\_

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

HOME #: \_\_\_\_\_ CELL #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street Address                      Apt. #   City                      State                      Zip

SECONDARY CONTACT: \_\_\_\_\_

Name    Phone#

SEX:  Male  Female  Trans  Nonbinary  Other

Do you have reliable transportation to and from this program?  No  Yes

Are you legally authorized to work in the U.S.?  No  Yes

How did you hear about our program?  Flyer  TV  Radio  Personal Referral

Other Referral Source \_\_\_\_\_

### Part 2 | 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:

Program name attended                      Type of training                      Date

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### Part 3 | PHYSICAL REQUIREMENTS

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Are you able to lift 50 lbs? \_\_\_\_ Yes \_\_\_\_ No

Are you able to stand for long periods of time? \_\_\_\_ Yes \_\_\_\_ No

Is there anything that would prevent you from meeting the physical requirements of the program?  
\_\_\_\_ Yes \_\_\_\_ No

Are you currently attending a program or activity that would interfere with the hours and full participation of the program? \_\_\_\_ No \_\_\_\_ Yes If **YES**, indicate the program and the hours you attend.

### Part 4 | WORK HISTORY

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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 \_\_\_\_\_ End wages \_\_\_\_\_

Supervisor name \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Company name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_ Start wages \_\_\_\_\_ End wages \_\_\_\_\_

Supervisor name \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Company name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_ Start wages \_\_\_\_\_ End wages \_\_\_\_\_

Supervisor name \_\_\_\_\_ Reason for leaving \_\_\_\_\_

### Part 5 | UNIFORM SIZING INFORMATION

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Please indicate the following (S, M, L, XL, XXL, etc.)

Shirt size \_\_\_\_ Pant size \_\_\_\_ Shoe size (indicate Men's or Women's) \_\_\_\_

I certify that all information I have provided in order to apply for entrance into the MFB Community Kitchen 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 \_\_\_\_\_  
Applicant Signature Date

**FORWARD COMPLETED APPLICATIONS TO:**  
Maryland Food Bank Community Kitchen  
ATTN: Culinary Student Coordinator  
2200 Halethorpe Farms Road  
Baltimore, MD 21227

Applications can also be faxed to: 410.536.0438

**DO NOT WRITE BELOW THIS LINE** \_\_\_\_\_

Interview \_\_\_\_ No \_\_\_\_ Yes Date \_\_\_\_\_

Result of Interview \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Acceptable for Program \_\_\_\_ No \_\_\_\_ Yes

Interviewed By \_\_\_\_\_

The Maryland Food Bank is a Drug Free Workplace

**For more information, contact:** Darcy Sullivan: dsullivan@mdfoodbank.org or 443.297.5195

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Baltimore Office  
2200 Halethorpe Farms Road  
Baltimore, MD 21227  
410.737.8282

[www.mdfoodbank.org](http://www.mdfoodbank.org) |    