



# FOODWORKS

EMPOWERING PEOPLE, FEEDING THE HUNGRY

2200 Halethorpe Farms Road, Baltimore, Md. 21227  
(410) 737-8282 ext. 249  
(410) 536-0438 (fax)

## 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: \_\_\_\_\_ Sex:  Male  Female

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

Driver' License/State ID #: \_\_\_\_\_

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

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:

Program name attended	Type of training	Date

Program name attended	Type of training	Date

Program name attended	Type of training	Date

**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 Maryland Food Bank requires a drug screening for eligibility. Are you able to pass a drug screening?  No  Yes If No, please explain.

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

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**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: \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Start date: \_\_\_\_\_ End date: \_\_\_\_\_  
Start wages: \_\_\_\_\_ Ending wages: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**Part VI – Uniform Sizing Information**

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 \_\_\_\_\_  
Signature of Applicant 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: \_\_\_\_\_ Aptitude Test Score: \_\_\_\_\_

***“The Maryland Food Bank is a Drug Free Workplace”***

