



The Culinary School at the Food Bank of Delaware

Fax to: 302-424-4150 or email to: rmessick@fbd.org Attention: Ruthann Messick

Name: _____ Gender: M _____ F _____

Birth Date: _____ Email: _____ Cell Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Telephone Number: _____

Emergency contact: _____ Relationship: _____ Telephone: _____

Type (high school, trade)	County & State	Did you graduate?

Are you currently enrolled in any summer programs? _____

Have you ever been convicted of a crime, misdemeanor, or felony other than moving traffic violation? If yes, please list all charges/dates. **Do not leave this question blank.**

Why would you like to attend this program? _____

Transportation (please check one)

Bus: _____ Car: _____ ParaTransit: _____ Other (someone will drop you off/pick you up/walk): _____

Are you employed now (full or part time) and where?

Referral Source:

- School: _____
- State Agency: _____
- Community Agency: _____
- Family
- Friend
- Self
- Other: _____

DVR Counselor name and phone number: _____

Disability: _____

Work History:

Position	Employer Name and Address	From _____ TO _____
Job responsibilities		
Position	Employer Name and Address	From _____ TO _____
Job responsibilities		

UNIFORMS

NAME: _____

SHIRT SIZE (XS, S, M, L, XL, 2XL, 3XL, 4XL, 5XL): _____

ACKNOWLEDGMENTS:

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not withheld any fact or circumstances that would, if discovered, affect my application unfavorably. I understand that the misrepresentation or omission of a fact called for in this application or any other school records will be cause for immediate dismissal. In addition, I authorize The Culinary School at the Food Bank of DE to verify any and all information contained in this application. I hereby release The Culinary School at the Food Bank of DE from any liability whatever that may arise by such disclosure or investigation. I understand further that, should any falsification be discovered, it will constitute cause for non-acceptance or dismissal. I understand that I can make written inquiry, within reasonable time, for a complete and actual disclosure of the contents and scope of the information requested.

I agree in the event of my training, to complete and abide by all the company's rules and regulations. Any misrepresentation made in this application will be sufficient cause for cancellation of this application and/or separation of training.

This application for training shall be considered active for a period of time not to exceed 60 days. At the conclusion of this time, if I have not heard from TCS and still wish to be considered for training, it will be necessary to fill out a new application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any training relationship with TCS is an "at will" nature, which means that the trainee may resign at any time and TCS may discharge trainee at any time with or without cause. It is further understood that this "at will" training relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I hereby release the Food Bank of from any liability resulting from accident or injury occurring as a result of my participation in The Culinary School training program.

Signature:	Date
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