



Quality Baking Products Since 1911.

Cellone's Bakery, Inc.
 Attn: Human Resource Dept.
 PO Box 16288
 Pittsburgh, PA 15242
 Questions, please call:
 1-800-334-8438

EMPLOYMENT APPLICATION

Effective: January 2010

EQUAL OPPORTUNITY EMPLOYER: Cellone's Bakery, Inc. is an Equal Opportunity Employer and will not discriminate in hiring, firing, promotion, pay or any other term or condition of employment on the basis of race, color, religion, age, sex, creed, marital status, ancestry, or national origin, or on the basis of disability if the employee can perform the essential functions of the job, with or without reasonable accommodations.

Date of Application:

____/____/____
 Month (00) Day (00) Year (0000)

Please print clearly and complete both sides of this Employment Application.

PERSONAL INFORMATION:

Name: (Last)			(First)			(Middle)		
Current Address: (Street, City, State & Zip Code)								
Permanent Address: (If different from Current Address)								
Phone Number: (Primary)			(Secondary)			(Cellular)		
Email Address:								
In case of an emergency, please contact: (Name)			(Phone Number)			(Relationship)		
Are you legally eligible to work in the United States, and can you furnish proof of such eligibility if hired? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you 18 years of age or older: <input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever plead "Guilty" or "No Contest" to a crime, or have you been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please provide details, including dates, locations, and the nature of the offense.								
_____ _____ _____								
Note: A criminal conviction will not automatically bar you from employment with Cellone's Bakery, Inc.								

CELLONE'S EMPLOYMENT OPPORTUNITY:

Select the position that you are applying for:	
<input type="checkbox"/> Administrative	<input type="checkbox"/> Bakery <input type="checkbox"/> Sales <input type="checkbox"/> Delivery Route Salesman <input type="checkbox"/> General
Are you willing to work any shift, including nights and / or weekends: <input type="checkbox"/> YES <input type="checkbox"/> NO	
What is the earliest date that you can report to work: Month (00) / Day (00) / Year (0000)	
Have you been employed previously by Cellone's Bakery: <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please indicate the dates that you worked for Cellone's Bakery: _____ <small>Month (00) / Day (00) / Year (0000)</small>	
If yes, please indicate the previous position that you held: _____	
Do you have any relatives (including In-Laws) who are currently, or have previously worked at Cellone's Bakery: <input type="checkbox"/> YES <input type="checkbox"/> NO	
If so, please list the name of your relative: _____	



Quality Baking Products Since 1911.

EMPLOYMENT APPLICATION

Effective: January 2010

EMPLOYMENT HISTORY: Please list your previous Employers, in chronological order, beginning with your most recent employment.

Name and Address of Company: (Name) _____ (Address) _____ (Phone) _____	Dates Worked: (To: Month / Year) _____ (From: Month / Year) _____	Salary: (Starting) _____ (Final) _____	Positions: (Your Job Title) _____ (Your Supervisor's Name) _____	Why did you leave this company: _____ _____
Name and Address of Company: (Name) _____ (Address) _____ (Phone) _____	Dates Worked: (To: Month / Year) _____ (From: Month / Year) _____	Salary: (Starting) _____ (Final) _____	Positions: (Your Job Title) _____ (Your Supervisor's Name) _____	Why did you leave this company: _____ _____
Name and Address of Company: (Name) _____ (Address) _____ (Phone) _____	Dates Worked: (To: Month / Year) _____ (From: Month / Year) _____	Salary: (Starting) _____ (Final) _____	Positions: (Your Job Title) _____ (Your Supervisor's Name) _____	Why did you leave this company: _____ _____

EDUCATION HISTORY: Please list the most recent High School that you attended (Indicate complete address).

Name and Address of High School: (Name) _____ (Address) _____ (Phone) _____	Dates Attended: (To: Month / Year) _____ (From: Month / Year) _____	Did You Graduate: <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, last grade completed:) _____ Degree received: _____
Name and Address of College / University: (Name) _____ (Address) _____ (Phone) _____	Dates Attended: (To: Month / Year) _____ (From: Month / Year) _____	Did You Graduate: <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, last grade completed:) _____ Degree received: _____
Additional Education / Institution: (Name) _____ (Address) _____ (Phone) _____	Dates Attended: (To: Month / Year) _____ (From: Month / Year) _____	Did You Graduate: <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, last grade completed:) _____ Degree received: _____

PROFESSIONAL REFERENCES: Please list Professional References that Cellone's Bakery may contact. (Please Do Not List Any Relatives)

Reference 1: (Name) _____ (Address) _____ (Phone) _____	How do you know this individual? _____ _____	How long have you known this individual? _____ Did you work for or with this individual? <input type="checkbox"/> YES <input type="checkbox"/> NO
Reference 2: (Name) _____ (Address) _____ (Phone) _____	How do you know this individual? _____ _____	How long have you known this individual? _____ Did you work for or with this individual? <input type="checkbox"/> YES <input type="checkbox"/> NO
Reference 3: (Name) _____ (Address) _____ (Phone) _____	How do you know this individual? _____ _____	How long have you known this individual? _____ Did you work for or with this individual? <input type="checkbox"/> YES <input type="checkbox"/> NO

APPLICANT'S AGREEMENT CERTIFICATION:

I HEREBY CERTIFY that my answers in the above Cellone's Application are true and accurate, and I have not knowingly withheld any facts or other information that would, if disclosed, affect my application. I also understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment. I HEREBY AUTHORIZE Cellone's Bakery, Inc. contact all former employer(s), school(s) attended, and any individual listed as supervisor or references above, to furnish at any time, any information which may be sought concerning personal information and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with company requirements or otherwise. I HEREBY AFFIRM that by submitting this application, I agree to submit to medical evaluations and/or examinations as necessary, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by Cellone's Bakery and as often as directed during my employment. I HEREBY AUTHORIZE the medical examiner to disclose to Cellone's Bakery any and all findings and conclusions arrived at in any examination performed either post-offer or during employment. I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated at will, at any time, for any reason, by me or by Cellone's Bakery without notice or without written reason. I further understand that only the Owners of the Cellone's Bakery have the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing. I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and Cellone's Bakery Terms of Employment and Policy and Procedures, as amended from time to time by Cellone's Bakery. Cellone's Bakery operates under the principles of affording equal employment opportunity to all protected classes.

Thank you for completing the enclosed application. It will remain under consideration for 60 days. It will not be necessary for you to reapply during this 60 day period, as Cellone's Bakery will contact you to schedule a Personal interview if necessary. Your interest in employment at Cellone's Bakery, Inc. is greatly appreciated!

PRINT YOUR NAME: _____

YOUR SIGNATURE: _____

Month (00) / Day (00) / Year (0000)