

**FELLINI'S**  
3910 Colley Ave.  
Norfolk, VA 23508

An Equal Opportunity Employer  
**CZAR CORPORATION II**  
Employment Application

DATE \_\_\_\_\_

(757) 625-3000

NAME \_\_\_\_\_ S.S. # \_\_\_\_\_  
LAST FIRST M.I.

ADDRESS \_\_\_\_\_  
NO. AND STREET CITY STATE ZIP

PHONE NO. \_\_\_\_\_ DATE OF BIRTH\* \_\_\_\_\_  
DAY EVENING

POSITION APPLYING FOR \_\_\_\_\_ WAITER / WAITRESS \_\_\_\_\_ DISHWASHER  
\_\_\_\_\_ KITCHEN \_\_\_\_\_ OTHER \_\_\_\_\_  
\_\_\_\_\_ BUSPERSON

AVAILABILITY \_\_\_\_\_ FULL TIME YEAR AROUND \_\_\_\_\_ FULL TIME SUMMER, PART TIME WINTER  
\_\_\_\_\_ PART TIME YEAR ROUND \_\_\_\_\_ FULL TIME SUMMER ONLY

DATE YOU CAN BEGIN WORK? \_\_\_\_\_ ARE YOU AVAILABLE TO WORK WEEKENDS? \_\_\_\_\_ YES \_\_\_\_\_ NO

EDUCATION	NAME AND LOCATION OF SCHOOL	LAST YEAR COMPLETED				DID YOU GRADUATE?	MAJOR
		7	8	9	10		
JR. HIGH _____							
SR. HIGH _____							
COLLEGE _____							
OTHER _____							

IF YOU ARE A COLLEGE STUDENT PLEASE COMPLETE THE FOLLOWING INFORMATION:

NAME OF SCHOOL \_\_\_\_\_ PHONE NO. AT SCHOOL \_\_\_\_\_  
AREA CODE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_  
NO. AND STREET CITY STATE ZIP

DATE SCHOOL BEGINS \_\_\_\_\_ DATE SCHOOL ENDS \_\_\_\_\_

HAVE YOU EVER WORKED FOR A FELLINI'S OWNED COMPANY BEFORE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE COMPLETE THE FOLLOWING INFORMATION:

LOCATION \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

POSITION \_\_\_\_\_ EMPLOYMENT DATES: FROM MO. \_\_\_\_\_ YR. \_\_\_\_\_ TO \_\_\_\_\_ MO. \_\_\_\_\_ YR.

EXTRACURRICULAR ACTIVITIES AND HOBBIES IN SCHOOL OR IN YOUR COMMUNITY \_\_\_\_\_

SPECIAL QUALIFICATIONS: (e.g. typing, shorthand, etc.) \_\_\_\_\_

\*1. THIS INFORMATION IS REQUIRED IN CONNECTION WITH STATE AND LOCAL ALCOHOLIC BEVERAGE LAWS  
\*2. DUE TO INSURANCE REGULATIONS WE CANNOT HIRE ANYONE UNDER 16.

**EMPLOYMENT HISTORY:**

NAME OF COMPANY \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_  
NO. AND STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYMENT DATES: FROM MO. \_\_\_\_\_ YR. \_\_\_\_\_ TO MO. \_\_\_\_\_ YR. \_\_\_\_\_ PAY RATE \_\_\_\_\_

PHONE NO. \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
AREA CODE \_\_\_\_\_ NO. \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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NAME OF COMPANY \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_  
NO. AND STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYMENT DATES: FROM MO. \_\_\_\_\_ YR. \_\_\_\_\_ TO MO. \_\_\_\_\_ YR. \_\_\_\_\_ PAY RATE \_\_\_\_\_

PHONE NO. \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
AREA CODE \_\_\_\_\_ NO. \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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NAME OF COMPANY \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_  
NO. AND STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYMENT DATES: FROM MO. \_\_\_\_\_ YR. \_\_\_\_\_ TO MO. \_\_\_\_\_ YR. \_\_\_\_\_ PAY RATE \_\_\_\_\_

PHONE NO. \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
AREA CODE \_\_\_\_\_ NO. \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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Briefly describe what you liked most about your previous job or jobs? \_\_\_\_\_  
\_\_\_\_\_

Briefly describe what you liked least about your previous job or jobs? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a \_\_\_\_\_ Misdemeanor or a \_\_\_\_\_ Felony?  
If so, please give the dates and describe the facts and circumstances: \_\_\_\_\_  
\_\_\_\_\_

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Briefly explain why you would like to work with us! \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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This application is valid for only 3 months. If you have not been employed within 3 months of your application, you must reapply.  
I authorize Czar Corporation II to contact my previous employers and obtain employment information from them, and to further investigate the truthfulness of my application.  
I understand further that any false answers or statements or misleading omissions made by me on this application, in connection with the above mentioned investigation can be sufficient grounds for my rejection as a candidate for employment or for immediate discharge.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_