

General: (Please Print)

WHAT STARTING SALARY WOULD YOU CONSIDER?		WHEN WILL YOU BE AVAILABLE FOR EMPLOYMENT?
ARE YOU WILLING TO TRAVEL?	ARE YOU WILLING TO RELOCATE?	IF YES, WHERE?
ARE YOU WILLING TO WORK NIGHTS, WEEKENDS, HOLIDAYS AND SHIFTS?		

Activities: (Please Print) LIST THOSE THAT MAY HAVE SOME RELEVANCE TO THE POSITION FOR WHICH YOU ARE APPLYING.
(SO NOT INCLUDE THOSE INDICATING RACE, NATIONALITY, RELIGION OR DISABILITIES.)

WHAT ARE YOUR HOBBIES?

HONORARY ORGANIZATIONS, SCHOLASTIC RECOGNITION (List offices held, if any)

WHAT IS YOUR VOCATIONAL GOAL?

ADDITIONAL COMMENTS:

I understand that if employed, my employment with Pollo Tropical is not for a stated period of time.

Additionally, I understand that the Pollo Tropical Drug Testing Policy contains guidelines which may be modified or rescinded by Pollo Tropical at any time, and that neither the contents of the Policy nor any statement made to me now or in the future constitute a contract of employment between me and Pollo Tropical. Pollo Tropical is free to terminate my employment at any time, with or without cause. I understand and agree that if employed, I am employed at will and that this status cannot be modified or changed except under a specific written contract signed and entered into by myself and Pollo Tropical.

Further, I acknowledge that as a condition of my employment, I will submit to a medical drug screening test at the Company’s sole discretion and in accordance with Pollo Tropical Drug Testing Policy. I hereby understand and agree to fully cooperate in and under go any drug testing required by the Company, including giving my consent to any sample collection or testing which may be preformed in connection with the Company’s Drug Testing Policy. I am aware that positive identification of being in possession of, use of, or being under the influence of an illegal drug or the improper use of a legal drug shall result in disqualification/termination of employment with Pollo Tropical.

Also, I acknowledge that it is a condition of employment that I authorize Pollo Tropical to conduct a criminal background check, social security number trace, sex offender registry search, and a department of motor vehicle verification. I am aware that unfavorable results shall disqualify me from employment with Pollo Tropical.

All employees hired after September 15, 2005, agree to participate in our Mandatory Arbitration Program (“MAP”) as a condition of employment. All disputes arising from application for, employment and termination (except those prohibited by law) will be resolved through binding arbitration. Arbitration is an alternative dispute resolution process administered by an independent arbitration association. Additional material on MAP is available on request.

THE INFORMATION I AM PRESENTING IN THE APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE , AND I UNDERSTAND THAT ANY FALSIFICATION OR MISREPRESENTATION HEREIN COULD RESULT IN MY DISCHARGE IN THE EVENT I AM EMPLOYED BY POLLO TROPICAL. I AUTHORIZE POLLO TROPICAL OR ITS REPRESENTATIVES TO CONTACT ALL FORMER EMPLOYERS AND TO FURTHER INQUIRE AS TO ANY INFORMATION PROVIDED BY ME ON THIS APPLICATION.

SIGNATURE: DATE:

PRINTED NAME:

Name: (Last) (First)

Pollo Tropical
AN EQUAL OPPORTUNITY EMPLOYER –M/F



SALARIED EMPLOYEE
APPLICATION
FOR
EMPLOYMENT

Discrimination in employment because of race, color, national origin, ances-try, age, gender, martial status, physical or mental handicaps, or liability for service in the armed forces of the U.S. is prohibited by federal legislation and/or by laws against discrimination in some states.

If hired, Federal Law requires that you furnish documentation showing your identity and that you are legally authorized to work in the U.S.

POLLO TROPICAL
7300 North Kendall Drive
8th Floor
Miami, FL 33156

HOW WERE YOU REFERRED TO POLLO TROPICAL?

☐ INTERNET☐ HELP WANTED AD☐ EMPLOYMENT AGENCY☐ CO. EMPLOYEE☐ OTHER (specify) _____

HAVE YOU EVER BEEN EMPLOYED BY POLLO TROPICAL, OR ANY OF ITS AFFILIATES BEFORE?

☐ Yes☐ No

Where?

Date?

Reason for Leaving?

HAVE YOU EVER APPLIED TO POLLO TROPICAL OR ITS AFFILIATES BEFORE?

☐ Yes☐ No

Where?

When?

What Position?

NAMES OF FAMILY MEMBERS OR OTHER ACQUAINTANCES EMPLOYED BY US

THE POSITION YOU HAVE APPLIED FOR MAY REQUIRE THE HANDLING OF SHRIMP/SHELLFISH AS A PART OF THE JOB. IS THERE ANYTHING THAT WOULD PROHIBIT YOU FROM PERFORMING THE REQUIREMENTS OF THIS JOB?

☐ Yes☐ No

Personal: (Please Print)

NAME

ADDRESS (Street)

(City/State/Zip Code)

PHONE (Area Code and Number)

HAVE YOU EVER BEEN CONVICTED OF A FELONY?
(Convictions will not automatically disqualify you for employment)

☐ Yes☐ No

IF YES, EXPLAIN:

IS YOUR CITIZENSHIP OR IMMIGRATION SUCH THAT YOU CAN LAWFULLY WORK IN THE U.S. ☐ Yes ☐ No

IF HIRED, CONTINUED EMPLOYMENT MAY BE DEPENDENT UPON PROOF OF CITIZENSHIP OR PRESENTATION OF ALIEN REGIS-
TRATION NUMBER.

IF HIRED, YOU MUST PRESENT YOUR ORIGINAL SOCIAL SECURITY CARD AND ONE OF THE FOLLOWING DOCUMENTS UPON STARTING WORK:

- A card issued by Federal, State or local government showing your identity
- Driver's license, or state I.D. card with photo or descriptive information
- School I.D. Card with photo or descriptive information
- U.S. passport
- U.S. military card or other draft card
- Proof of Age

Education: (Please Print)

Name of School	# of Years Completed	Course Taken Degree	Scholastic Average
TRADE OR BUSINESS SCHOOL			
COLLEGE			
GRADUATE SCHOOL			
MAJOR	MINOR		

SPECIAL AWARDS OR HONORS

Military Service: (Please Print)

BRANCH OF SERVICE	APPLICABLE MILITARY EXPERIENCE
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Experience: (Please Print)

PLEASE PROVIDE ALL INFORMATION REQUESTED, EVEN IF RESUME IS ATTACHED (GIVE PRESENT OR LAST POSITION FIRST - IF ADDITIONAL SPACE IS NEEDED, ATTACH SHEET)

COMPANY	ADDRESS/PHONE NUMBER		
TYPE OF BUSINESS/INDUSTRY	DATES EMPLOYED From To		MONTHLY/WEEKLY/HOURLY/SALARY OR WAGE Beginning Ending
POSITION(S) HELD		SURPERVISOR'S NAME/POSITION	
DESCRIBE YOUR DUTIES			
MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No		REASON FOR LEAVING:	

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DESCRIBE YOUR DUTIES			
MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No		REASON FOR LEAVING:	

LIST ADDITIONAL BUSINESS AND PERSONAL REFERENCES: (Please Print)

Name	Address	Occupation	Phone