

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Additionally, I understand that the Pollo Tropical Drug Testing Policy contains guidelines which may be modified or rescinded by Pollo Tropical at any time, and that neither the contents of the Policy nor any statement made to me now or in the future constitute a contract of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, ancestry, 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 REGISTRATION 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 _____

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

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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