

**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 Carrols Corporation is not for a stated period of time.

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I understand that the Carrols Corporation Drug Testing Policy contains guidelines which may be modified or rescinded by Carrols Corporation at any time, and that neither the contents of the Policy nor any statement made to me now or in the future constitute a contract of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

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 Carrols Corporation 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 Carrols Corporation.

Also, I acknowledge that it is a condition of employment that I authorize Carrols Corporation 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 Carrols Corporation.

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 CARROLS COOPERATION. I AUTHORIZE CARROLS CORPORATION OR ITS REPRESENTATIVES TO CONTACT ALL FORMER EMPLOYERS AND TO FURTHER INQUIRE AS TO ANY INFORMATION PROVIDED BY ME ON THIS APPLICATION.

*It is unlawful in Massachusetts and Michigan to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.*

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

PRINTED NAME: \_\_\_\_\_

# Carrols Corporation

AN EQUAL OPPORTUNITY EMPLOYER –M/F



## RESTAURANT OPERATIONS 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.

### CARROLS CORPORATION

968 James Street, PO Box 6969

Syracuse, NY 13217-6969

[www.carrols.com](http://www.carrols.com)

Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First)

HOW WERE YOU REFERRED TO CARROLS CORPORATION?  
 INTERNET     HELP WANTED AD     EMPLOYMENT AGENCY     CO. EMPLOYEE     OTHER (specify) \_\_\_\_\_

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HAVE YOU EVER BEEN EMPLOYED BY CARROLS CORPORATION, BURGER KING CORPORATION, OR ANY OF ITS AFFILIATES BEFORE?  
 Yes     No    Where? \_\_\_\_\_ Date? \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

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HAVE YOU EVER APPLIED TO CARROLS CORPORATION OR ITS AFFILIATES BEFORE?  
 Yes     No    Where? \_\_\_\_\_ When? \_\_\_\_\_ What Position? \_\_\_\_\_

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NAMES OF ACQUAINTANCES EMPLOYED BY US \_\_\_\_\_

**Personal: (Please Print)**

NAME \_\_\_\_\_

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ADDRESS (Street) \_\_\_\_\_

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(City/State/Zip Code) \_\_\_\_\_

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HOME PHONE (Area Code and Number) _____	CELL PHONE (Area Code and Number) _____
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HAVE YOU EVER BEEN CONVICTED OF A FELONY?  
(Convictions will not automatically disqualify you for employment)  
 Yes     No

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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 _____
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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: _____	

COMPANY _____	ADDRESS/PHONE NUMBER _____		
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POSITION(S) HELD _____		SURPERVISOR'S NAME/POSITION _____	
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