



# Landry's, Inc. Kemah Boardwalk

Name: \_\_\_\_\_

## Dear Applicant:

Thank you for applying for a position in our company. Please complete this form along with your Employment Application.

Please initial next to the following holidays that you  
**ARE WILLING** to work:

Please check the concept(s) that most interest you.

- Martin Luther King Day \_\_\_\_\_
- Valentine's Day \_\_\_\_\_
- St. Patrick's Day \_\_\_\_\_
- Easter \_\_\_\_\_
- Mother's Day \_\_\_\_\_
- Father's Day \_\_\_\_\_
- Independence Day (July 4<sup>th</sup>) \_\_\_\_\_
- Columbus Day \_\_\_\_\_
- Halloween \_\_\_\_\_
- Christmas Eve \_\_\_\_\_
- New Year's Eve \_\_\_\_\_
- New Year's Day \_\_\_\_\_

- Amusements \_\_\_\_\_
- Aquarium \_\_\_\_\_
- Bayside Grille \_\_\_\_\_
- Beverage Kiosk \_\_\_\_\_
- Boardwalk Beast \_\_\_\_\_
- Boardwalk FantaSea \_\_\_\_\_
- Boardwalk Inn \_\_\_\_\_
- Cadillac Authentic Mexican \_\_\_\_\_
- Concessions \_\_\_\_\_
- Flying Dutchman \_\_\_\_\_
- Grounds \_\_\_\_\_
- Joe's Crab Shack \_\_\_\_\_
- Landry's Seafood House \_\_\_\_\_
- Lighthouse Buffet \_\_\_\_\_
- Maintenance \_\_\_\_\_
- Parking \_\_\_\_\_
- Pizza Oven \_\_\_\_\_
- Red Sushi \_\_\_\_\_
- Retail Shops \_\_\_\_\_
- Saltgrass Steakhouse \_\_\_\_\_
- Starbucks \_\_\_\_\_
- Sweet Scoops \_\_\_\_\_
- Special Events \_\_\_\_\_

Enter the times you are available to work:

Mon - Fri From: \_\_\_\_\_ To: \_\_\_\_\_

Sat. From: \_\_\_\_\_ To: \_\_\_\_\_

Sun. From: \_\_\_\_\_ To: \_\_\_\_\_

School Attending: \_\_\_\_\_

## How did you hear about the Company?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Friend                      | <input type="checkbox"/> High School/College | <input type="checkbox"/> Walk-in                       |
| <input type="checkbox"/> Another Employee (referral) | <input type="checkbox"/> Ex-employee         | <input type="checkbox"/> Lives/works in the area       |
| <input type="checkbox"/> Family Member               | <input type="checkbox"/> Online job posting  | <input type="checkbox"/> Ate at one of our restaurants |
| <input type="checkbox"/> Newspaper Ad                | <input type="checkbox"/> Billboard Ad        | <input type="checkbox"/> Just driving/walking by       |
| <input type="checkbox"/> Flyer                       | <input type="checkbox"/> Transfer            | <input type="checkbox"/> Internet                      |
| <input type="checkbox"/> Radio/TV                    | <input type="checkbox"/> Church              | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> Texas Workforce Commission  | <input type="checkbox"/> Job Fair            | _____  |

## For Management Purposes Only:

## For Human Resources Purposes Only:

1. Applying for (position): \_\_\_\_\_
2. Hired for (position): \_\_\_\_\_
3. Start Date: \_\_\_\_\_
4. Location: \_\_\_\_\_
5. Rate of Pay: \_\_\_\_\_
6. Hiring Manager's Signature: \_\_\_\_\_

7. Welcome Letter: \_\_\_\_\_
8. HR Orientation Date: \_\_\_\_\_
9. WOTC Confirmation: \_\_\_\_\_



## EMPLOYMENT APPLICATION

Landry's owns and operates restaurants, hotels and other businesses (hereinafter "Property") through various subsidiaries. If you are offered employment, your actual employer will be a Landry's subsidiary that owns and operates the Property at which you work.

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classification. Anyone needing assistance with any form may request reasonable assistance or accommodations to complete. Please speak with a manager regarding this request.

It is unlawful in Massachusetts 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.

Do not provide any false or misleading information in the Employment Application. All information provided is subject to verification. If any information in your Employment Application changes after completion and submittal of this Employment Application to the Company (i.e., current employment status changes, etc.), you must notify the Company immediately.

### PERSONAL INFORMATION

(Please Print)

Name \_\_\_\_\_ Date Completed \_\_\_\_\_  
First Middle Initial Last

Are you at least 18 years of age?  Yes  No Are you at least 21 years of age or older?  Yes  No  
*Note: If under 18 you may be required to provide authorization to work. Additionally, if you are under the age of 21, you may not be eligible to work in certain positions based upon the job requirements.*

If you are hired, can you provide proof of authorization to work in the United States?  Yes  No

Present Address \_\_\_\_\_  
street city state zip code

Permanent Address \_\_\_\_\_  
street city state zip code

Home Telephone ( ) \_\_\_\_\_ Cell Number ( ) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Email Address: (optional) \_\_\_\_\_

### OTHER EMPLOYMENT RELATED INFORMATION

Referral Source:  Friend  Relative  Walk-In  Ad  Other \_\_\_\_\_

Were you previously employed by this Company?  Yes  No Where? \_\_\_\_\_ When? \_\_\_\_\_

Number of hours desired \_\_\_\_\_  Full Time  Part Time Can you work overtime?  Yes  No

Pay desired \_\_\_\_\_

Position desired: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

When can you start? \_\_\_\_\_ List any days/hours you are NOT available to work \_\_\_\_\_

Have you ever been discharged or asked to resign by an employer?  Yes  No

If "Yes", give complete details \_\_\_\_\_

Have you used any names or social security numbers other than those listed above?  Yes  No

Please list \_\_\_\_\_

List the states and the counties of residence for the past seven years \_\_\_\_\_

**EDUCATION**

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	MAJOR/SUBJECTS	NO. OF YEARS ATTENDED	DEGREE RECEIVED
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
COLLEGE OR UNIVERSITY				
TRADE/CRSPND. SCHOOL				

**EMPLOYMENT**

Provide accurate and complete information on your full-time and part-time employment record. Start with your present or most recent employer.

Company Name	Telephone ( )
Address	Employed - (month and year) From To
Name of Supervisor	Weekly/Bi-Weekly/Semi Monthly/Annual (Circle One) Start Last
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Telephone ( )
Address	Employed - (month and year) From To
Name of Supervisor	Weekly/Bi-Weekly/Semi Monthly/Annual (Circle One) Start Last
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Telephone ( )
Address	Employed - (month and year) From To
Name of Supervisor	Weekly/Bi-Weekly/Semi Monthly/Annual (Circle One) Start Last
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Telephone ( )
Address	Employed - (month and year) From To
Name of Supervisor	Weekly/Bi-Weekly/Semi Monthly/Annual (Circle One) Start Last
State Job Title and Describe Your Work	Reason for Leaving

Should you require additional space to list all former employment, please attach a separate sheet to the end of this Application.

<p>We may contact the employers listed above unless you indicate those you do <i>not</i> want us to contact.</p> <p>After an offer of employment has been extended and accepted, we reserve the right to contact these employers to verify information provided during the application process.</p>	<b>DO NOT CONTACT</b>
	<p>Employer Name _____ Reason _____</p> <p>_____</p> <p>Employer Name _____ Reason _____</p> <p>_____</p>

**JOB RELATED SKILLS**

Are you fluent in other languages?  Yes  No Please list \_\_\_\_\_

Do you have a valid driver's license?  Yes  No State of Issue \_\_\_\_\_ License # \_\_\_\_\_

Type of driver's license \_\_\_\_\_ Restrictions \_\_\_\_\_

Please list any other education, training, special skills, licenses or certificates that are job-related \_\_\_\_\_

Applicants in **Massachusetts and Hawaii** **SHOULD DISREGARD AND NOT ANSWER** the following questions related to prior criminal convictions.

*Applicants in CA, CO, IL, KY, MD, NH, NY & OK, please note the following, as applicable, prior to answering the question noted below: CA: Do not disclose any convictions that were sealed, expunged, annulled, or statutorily eradicated; misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed; or any conviction for marijuana use or possession that is more than 2 years old at the time you execute this application. CO: Do not disclose any information contained in sealed records. IL, KY, MD, NJ & OK: You are not obligated to disclose any criminal charge or conviction that were either sealed or expunged. NY: Do not include information about arrests that are not pending and did not result in a conviction; any youthful offender convictions; or any convictions records that were sealed by the court.*

Have you ever been convicted for violating any law (excluding minor traffic regulations)?  Yes  No  
If "Yes", give complete details \_\_\_\_\_

*Convictions are not an automatic bar to employment; each case will be reviewed on its merits.*

**NOTICE PURSUANT TO THE FAIR LABOR STANDARDS ACT (FEDERAL WAGE AND HOUR LAW):**

I understand that tips will be treated as satisfying part of the minimum wage obligation unless prohibited by state law. To maximize guest service, we promote a policy of sharing tips among all employees who regularly and customarily provide service to our guests, such as hosts, bussers, food runners, and bartenders. Therefore, the practice of sharing tips among tipped employees is approved by all of our facilities, unless otherwise prohibited by state law. The amount of tipshare is a percentage of your gross sales, and will vary by concept and location. Your management team will advise you of the tipshare percentage for your location. Management reserves the right to amend the tipshare percentage at its discretion at any time.

**AUTHORIZATION**

I attest with my signature below that I have given to Landry's true and complete information on this application and that no requested information has been concealed. I agree and understand that any misleading or false information provided by me herein, regardless of time of discovery, will justify my rejection for or termination from employment with the Company.

I further attest that I am qualified to perform all of the duties of the desired position.

I authorize the Company and/or its agents, including consumer reporting bureaus, to investigate my background and all statements contained in this application, as may be necessary in arriving at any employment decision (including, but not limited to, criminal history, motor vehicle driving records, and credit history). I release Landry's Restaurants and/or its agents from any liability that might arise from such an investigation.

I understand that this application is not a contract of employment. I understand that in the event of employment, my employment relationship is terminable at will and is not governed by an employment contract. I also understand that the use of illegal drugs or alcohol is prohibited during employment and is grounds for immediate termination. In the event that I am employed, I agree to abide by all policies and standards of Landry's. I also understand that a drug test may be administered prior to or at any time during my employment.

Signature of Applicant	Date
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*This application for employment is good for 60 days.  
Consideration for employment after 60 days requires a new application be completed and provided to the company.*

# Pre-Screening Notice and Certification Request for the Work Opportunity and Welfare-to-Work Credits

OMB No. 1545-1500

► See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name \_\_\_\_\_ Social security number ► \_\_\_\_\_

Street address where you live \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_

If you are under age 25, enter your date of birth (month, day, year) \_\_\_\_/\_\_\_\_/\_\_\_\_

### Work Opportunity Credit

- 1  Check here if you received a conditional certification from the state employment security agency (SESA) or a participating local agency for the work opportunity credit.
- 2  Check here if **any** of the following statements apply to you.
  - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the last 18 months.
  - I am a veteran and a member of a family that received food stamps for at least a 3-month period within the last 15 months.
  - I was referred here by a rehabilitation agency approved by the state or the Department of Veterans Affairs.
  - I am at least age 18 but **not** age 25 or older and I am a member of a family that:
    - a Received food stamps for the last 6 months **or**
    - b Received food stamps for at least 3 of the last 5 months, **but** is no longer eligible to receive them.
  - Within the past year, I was convicted of a felony or released from prison for a felony **and** during the last 6 months I was a member of a low-income family.
  - I received supplemental security income (SSI) benefits for any month ending within the last 60 days.

### Welfare-to-Work Credit

- 3  Check here if you received a conditional certification from the SESA or a participating local agency for the welfare-to-work credit.
- 4  Check here if you are a member of a family that:
  - Received TANF payments for at least the last 18 months, **or**
  - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended within the last 2 years, **or**
  - Stopped being eligible for TANF payments within the last 2 years because Federal or state law limited the maximum time those payments could be made.

### All Applicants

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

For Employer's Use Only

Employer's name \_\_\_\_\_ Telephone no. ( ) - EIN ▶ \_\_\_\_\_

Street address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

Person to contact, if different from above ADP Tax Credit Services Telephone no. (843) 667-1836

Street address 2205 Enterprise Drive, Suite C / PO Box 108850

City or town, state, and ZIP code Florence, SC 29501

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) . . . . . ▶ \_\_\_\_\_

Date applicant:	Gave information	/	/	Was offered job	/	/	Was hired	/	/	Started job	/	/
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Under penalties of perjury, I declare that I completed this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group or a long-term family assistance recipient. I hereby request a certification that the individual is a member of a targeted group or a long-term family assistance recipient.

Employer's signature ▶	Title	Date	/	/
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### Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code. Section 51(d)(12) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's Federal tax return. Completion of this form is voluntary and may assist members of targeted groups and long-term family assistance recipients in securing employment. Routine uses of this form include giving it to the state employment security agency (SESA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group or a long-term family assistance recipient. This form may also be given to the Internal Revenue Service

for administration of the Internal Revenue laws, to the Department of Justice for civil and criminal litigation, to the Department of Labor for oversight of the certifications performed by the SESA, and to cities, states, and the District of Columbia for use in administering their tax laws. In addition, we may disclose this information to Federal, state, or local agencies that investigate or respond to acts or threats of terrorism or participate in intelligence or counterintelligence activities concerning terrorism. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:  
**Recordkeeping** . . . . . 2 hr., 46 min.  
**Learning about the law or the form** . . . . . 36 min.  
**Preparing and sending this form to the SESA** . . . . . 36 min.  
If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001.  
**Do not** send this form to this address. Instead, see **When and Where To File** in the separate instructions.



