

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 generally be a Landry's subsidiary that owns and operates the Property at which you work (hereinafter collectively referred to as "Company").

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, gender, 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

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 or the Employment Application to the Company (i.e., current employment status changes, etc.), you must notify the Company immediately.

employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Pay desired				
Position desired: 1 st choice	2 nd choice			
When can you start? List any days/hours you are N	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 other than those listed above? Yes No Please list				
List the states and the countered 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				

EMPLOYMENTProvide 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)
Name of Supervisor	From To Weekly/Bi-Weekly/Semi Monthly/Annual Pay (Circle One)
Traine of Supervisor	Weekly/DI-Weekly/Sellii Wollully/Allilludi Fay (Olicle Olle)
Olds Int Till and December 2011	Start Last
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Telephone
Address	Employed – (month and year)
Name of Supervisor	From To Weekly/Bi-Weekly/Semi Monthly/Annual Pay (Circle One)
Name of Supervisor	veckly/bi veckly/ochi wonthy/windair ay (onoic ono)
	Start Last
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I value of Supervisor	vveekiy/bi-vveekiy/setiii iviotitiiiy/Attitual Pay (Citcle Offe)
	Start Last
State Job Title and Describe Your Work	Reason for Leaving
Should you require additional space to list all former empl	oyment, please attach a separate sheet to the end of this
Application.	•
We may contact he employers listed above unless you indicate	DO NOT CONTACT
those you do <i>not</i> want us to contact.	Employer name
After an offer of employment has been extended and	Reason
accepted, we reserve the right to contact these employers to	Neason
verify information provided during the application process.	Employer name
	Reason

JOB RELATED SKILLS
Are you fluent in other languages?
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 certifications that are job-related
NOTICE PURSUANT TO THE FAIR LABOR STANDARDS ACE (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 and distribution of tipshare will vary by concept and location. Your management team will advise of the tipshare percentage and distribution for your specific location. Management reserves the right to amend the tipshare percentage at its discretion at any time.
NOTICE OF THE COMPANY'S MANDATORY ARBITRATION POLICY: I understand that, if hired by the Company, as a condition of employment, I will be required to agree to the Company's Agreement to Arbitrate Claims (the "Agreement"), which applies to certain claims I may have against the Company and includes a class and collective action waiver. The Agreement will be effective with continued employment with the Company. I have been advised and understand that, upon request, a manager will provide a copy of the Agreement to me prior to commencement of employment.
AUTHORIZATION I attest with my signature below that I have given to the Company 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 or 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 understand that the Company will investigate the statements contained in this application and required additional background checks (including, but not limited to, criminal history, motor vehicle driving records, and credit history) where and as allowed by law for certain positions. Therefore, I may be required to submit to a background check after an offer of employment is made. I understand that if that is a requirement for the particular position offered, I will need to authorize the Company and/or its agents, including consumer reporting bureaus, to investigate my background and all statements contained in this application, a may be necessary based upon the job offered. Should I choose not to authorize such background check, the job offer may be revoked. I release the Company and/or its agents from any liability that might arise from such request and/or 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 ground for immediate termination. In the event that I am employed, I agree to abide by all policies and standards of the Company. I also understand that a drug test may be administered prior to or at any time during my employment.
I understand that the Company mandates electronic pay (via direct deposit or electronic debit card) where allowed by law. I agree to receive my pay electronically if hired by the Company.

Date

Signature of Applicant