Application for Employment at

The Midlands Beer Garden

3333 Georgia Ave NW Washington, DC 20010

Statement of Values

Dear Applicant:

Welcome to The Midlands Beer Garden! Hurray!!

Prior to completing the application for employment, please understand that we are serious about creating a productive working environment for our staff and maintaining the highest levels of quality, service and attention for our guests.

We want you to understand that we also believe in living our values, some of which are:

- We believe in good beer, good food, and a friendly atmosphere
- We believe in making the customer feel like this is a comfortable, safe, and "3^{rd Place}" environment
- We believe in having knowledge of your product and continuing your beer, wine, and food education
- We believe in not taking things too seriously and the power of football
- We believe that every customer has the right to be treated with respect and dignity
- Also... show up on time.

If this feels like an environment for you, please complete the application.

(The Midlands) - Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

** PLEASE PRINT CLEARLY **

Position(s) applied for]	Date	/ /	
How did you find out about this job?	□ Facebook/web □ Employee □ Walk-in □ Relative □ Other				
Why are you seeking a new job at this					
Applicant Informati	on				
First Name	Middle	Last _			
Street Address	Socia	Security No			
City/State/Zip	Phone ()				
If hired, do you have a reliable means	of transportation to get to work?	Describe			
Are you at least 18 years old?	If you are under 18 years of age	, can you furnish a work per	mit?		
Are you legally eligible for employme Have you been convicted of a crime (NOTE: The existence of a criminal record doe	Yes D No If yes, state the natur	e of the offense and disposition		-	
Are you a veteran?					
Are you seeking full time, part time of					
What hours and shift(s) would you pro-	efer to work?				
List times you are not available to wo	rk?				
Are you willing to work overtime?	Weekends? H	olidays?			
Are you currently employed?	If hired, when would you be	able to start?			
Are you able to lift 50 pounds? ment consideration	*movement and stocking of	kegs is necessary, but does	not disqu	alify you fi	rom employ-
Name your favorite bar and why:					
Who is your favorite sports team? : _					
Have you ever been discharged or ask	ed to resign from any position?	If yes, please desc	ribe:		
Do you have a liqour/Manager license	e: Are you SERV	ESAFE certified or taken T	IPS classe	es	
If applicable, please refer to the attach tasks with or without reasonable accord					

perform, and explain what type of accommodation you will need:

Please describe: _____

Work History (please begin with most recent)

1.	Company		Phone No. with Area Code ()
	Address		City/State/Zip
	Dates of Employment: From	То	Salary: Beginning Ending
	Job Title		Supervisor's Name & Title
	Describe duties briefly:		
	Specific reason for leaving:		
	Company		Phone No. with Area Code ()
	Address		City/State/Zip
	Dates of Employment: From	То	Salary: Beginning Ending
	Job Title		Supervisor's Name & Title
	Describe duties briefly:		
	Specific reason for leaving:		
3.			Phone No. with Area Code ()
	Address		City/State/Zip
	Dates of Employment: From	То	Salary: Beginning Ending
	Job Title		Supervisor's Name & Title
	Describe duties briefly:		
	Specific reason for leaving:		
	Company		Phone No. with Area Code ()
	Address		City/State/Zip
	Dates of Employment: From	То	Salary: Beginning Ending
	Job Title		Supervisor's Name & Title
	Describe duties briefly:		
	Specific reason for leaving:		
F			se organizations or attended school under a different name?
		-	
	••••••		ist the employers you do not wish us to contact and why:

Authorizations & At-Will Employment Agreement

(please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification form my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-atwill status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature _____ Date _____

Name (please print)