



**Main Office**  
 2810 NW Green Oaks Blvd.  
 Arlington, TX 76012  
 817.299.9599

**METROPLEX**  
 WOMEN'S CLINIC

**ARLINGTON RESALE**

5910 Interstate 20 West  
 Arlington, TX 76017  
 817.478.SALE (7253)

**ARLINGTON RESALE**

5100 S Collins  
 Arlington, TX 76018  
 817.465.SALE (7253)

**ARLINGTON RESALE<sup>3</sup>**

7603 US Hwy 287 N Frontage Road  
 Arlington, TX 76001  
 817.765.2161

**CHECK (✓) APPROPRIATE BOXES**

**(PLEASE PRINT & USE BLUE OR BLACK INK)**

<input type="checkbox"/>	<b>ARE YOU 16-18 YEARS OLD?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide proof of age.	MONTH & DAY OF BIRTH:	<input type="checkbox"/>	<b>ARE YOU AUTHORIZED TO WORK IN THE U.S.?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>NAME:</b> FIRST MIDDLE LAST			SOCIAL SECURITY NUMBER:			
FORMER NAME(S): FIRST MIDDLE LAST <i>(If Applicable)</i>						
PRESENT ADDRESS:			CITY	STATE: ZIP CODE:		
HOW LONG HAVE YOU LIVED AT THIS ADDRESS:		TELEPHONE NUMBER:	CELL PHONE NUMBER:			
LIST EACH CITY & STATE RESIDED IN DURING THE LAST 7 YEARS:			EMAIL ADDRESS:			
WHO REFERRED YOU TO MWC/AR?						
LIST ANY FRIENDS OR RELATIVES ON THE BOARD OR WORKING FOR AR/MWC:				ARE YOU APPLYING FOR: <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME		
DAYS & HOURS YOU ARE AVAILABLE TO WORK:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DRIVER'S LICENSE NUMBER:			STATE OF LICENSE:			
IF HIRED, WHEN COULD YOU START?						
<p><b>HAVE YOU EVER BEEN CONVICTED OF A FELONY?</b> (CONVICTION WILL NOT NECESSARILY BAR EMPLOYMENT)  <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain _____</p> <p><b>MWC &amp; ARLINGTON RESALE ARE DRUG FREE &amp; SMOKE FREE WORKPLACES. As a condition of employment, you may be required to submit to a substance abuse test and a physical examination. Are you willing to do so?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p>						
TYPE OF SCHOOL	NAME AND LOCATION	GRADUATE		TYPE OF DEGREE		
		YES	NO			
HIGH SCHOOL						
2 YEAR SCHOOL						
4 YEAR COLLEGE OR UNIVERSITY						
OTHER EDUCATION						

## RECORD OF PREVIOUS EMPLOYMENT

LIST THE LAST EMPLOYER FIRST – INCLUDE MILITARY EXPERIENCE (PLEASE DO NOT REFERENCE RESUME)

	<b>PERIOD OF UNEMPLOYMENT</b> FROM: _____ TO: _____	<b>HOW DID YOU SPEND THIS TIME?</b>		
<b>EMPLOYER'S NAME:</b> _____		<b>DATES OF EMPLOYMENT</b> _____	<b>EARNINGS</b> _____	<b>TITLE/DUTIES:</b> _____
<b>STREET ADDRESS:</b> _____		<b>MONTH</b> _____	<b>YEAR</b> _____	<b>REASON FOR LEAVING:</b> _____
_____	<b>FROM:</b> _____	_____	\$ _____ <b>PER</b>	
<b>CITY</b> _____	<b>STATE</b> _____	<b>TO:</b> _____	\$ _____ <b>PER</b>	
<b>TELEPHONE #</b> _____	<b>PERSON TO CONTACT:</b> _____		<b>NAME OF IMMEDIATE SUPERVISOR:</b> _____	

	<b>PERIOD OF UNEMPLOYMENT</b> FROM: _____ TO: _____	<b>HOW DID YOU SPEND THIS TIME?</b>		
<b>EMPLOYER'S NAME:</b> _____		<b>DATES OF EMPLOYMENT</b> _____	<b>EARNINGS</b> _____	<b>TITLE/DUTIES:</b> _____
<b>STREET ADDRESS:</b> _____		<b>MONTH</b> _____	<b>YEAR</b> _____	<b>REASON FOR LEAVING:</b> _____
_____	<b>FROM:</b> _____	_____	\$ _____ <b>PER</b>	
<b>CITY</b> _____	<b>STATE</b> _____	<b>TO:</b> _____	\$ _____ <b>PER</b>	
<b>TELEPHONE #</b> _____	<b>PERSON TO CONTACT:</b> _____		<b>NAME OF IMMEDIATE SUPERVISOR:</b> _____	

	<b>PERIOD OF UNEMPLOYMENT</b> FROM: _____ TO: _____	<b>HOW DID YOU SPEND THIS TIME?</b>		
<b>EMPLOYER'S NAME:</b> _____		<b>DATES OF EMPLOYMENT</b> _____	<b>EARNINGS</b> _____	<b>TITLE/DUTIES:</b> _____
<b>STREET ADDRESS:</b> _____		<b>MONTH</b> _____	<b>YEAR</b> _____	<b>REASON FOR LEAVING:</b> _____
_____	<b>FROM:</b> _____	_____	\$ _____ <b>PER</b>	
<b>CITY</b> _____	<b>STATE</b> _____	<b>TO:</b> _____	\$ _____ <b>PER</b>	
<b>TELEPHONE #</b> _____	<b>PERSON TO CONTACT:</b> _____		<b>NAME OF IMMEDIATE SUPERVISOR:</b> _____	

	<b>PERIOD OF UNEMPLOYMENT</b> FROM: _____ TO: _____	<b>HOW DID YOU SPEND THIS TIME?</b>		
<b>EMPLOYER'S NAME:</b> _____		<b>DATES OF EMPLOYMENT</b> _____	<b>EARNINGS</b> _____	<b>TITLE/DUTIES:</b> _____
<b>STREET ADDRESS:</b> _____		<b>MONTH</b> _____	<b>YEAR</b> _____	<b>REASON FOR LEAVING:</b> _____
_____	<b>FROM:</b> _____	_____	\$ _____ <b>PER</b>	
<b>CITY</b> _____	<b>STATE</b> _____	<b>TO:</b> _____	\$ _____ <b>PER</b>	
<b>TELEPHONE #</b> _____	<b>PERSON TO CONTACT:</b> _____		<b>NAME OF IMMEDIATE SUPERVISOR:</b> _____	

	<b>MAY WE CONTACT THE EMPLOYERS LISTED ABOVE?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>IF NOT, WHICH ONE(S) DO YOU NOT WISH US TO CONTACT?</b>
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PERSONAL REFERENCES			
LIST BELOW THREE INDIVIDUALS WHO ARE NOT RELATIVES AND OVER THE AGE OF 21 WHOM HAVE KNOWN YOU FOR 5 YEARS OR MORE.			
NAME	OCCUPATION	ADDRESS	TELEPHONE NUMBER

<b>IN CASE OF EMERGENCY NOTIFY:</b> _____			<b>RELATIONSHIP:</b> _____
<b>BUSINESS TELEPHONE:</b> _____	<b>CELL TELEPHONE:</b> _____	<b>HOME TELEPHONE:</b> _____	

READ CAREFULLY BEFORE SIGNING	
I certify, on penalty of dismissal, that all answers and statements made by me herein and other information given by me pursuant to becoming employed by this company are true, correct and are made in good faith. Falsification of any information will result in immediate discharge. I further certify that as part of the procedure in processing this application there may include an investigative report whereby information may be obtained through a criminal history and credit check, as well as a personal interview with me and or third parties, such as family members, business associates, former employers, financial sources, friends, neighbors, or others with whom I am acquainted. This inquiry may include information as to my character, general reputation and personal characteristics, whichever may be applicable.	
I understand and agree that if hired, employment is for no definite period, and I may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.	
I understand that the employee Polygraph Protection Act of 1988 permits polygraph testing of employees who are reasonably suspected of involvement in a workplace incident, such as theft or embezzlement that resulted in an economic loss to the employer.	
_____ SIGNATURE	_____ DATE
_____ PARENT OR GUARDIAN – if applicant is under 18	_____ DATE



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**Arlington ReSale, Arlington ReSale Too, Arlington ReSale<sup>3</sup> Employment**

I have been informed that I will need to perform the following duties if employed:

Lift 50 pounds

Multi-task

Work Saturdays

Be kind

Display a Christian demeanor

Signature\_\_\_\_\_ -