



PARKER PLACE  LIVING CENTERS

PARKER PLACE LIVING CENTERS, LLC

7510 NW SUN BLVD. | LAWTON, OK 73505 | (940) 337-6777

GENERAL EMPLOYMENT APPLICATION

NAME OF APPLICANT

FULL-TIME

PART-TIME

TEMPORARY

POSITION APPLIED FOR

EFFECTIVE DATE

THIS EMPLOYER DOES NOT DISCRIMINATE IN ITS HIRING DECISION'S OR IN ANY OTHER EMPLOYMENT DECISION ON THE BASIS OF RACE, COLOR, SEX, RELIGION, CITIZENSHIP, NATIONAL ORIGIN, VETERAN STATUS, AGE OR UPON A PHYSICAL OR MENTAL DISABILITY WHICH IS UNRELATED TO THE APPLICANT'S/EMPLOYEE'S ABILITY TO PERFORM THE ESSENTIAL FUNCTION OF THE POSITION FOR WHICH THEY WERE HIRED.

APPLICANT'S SIGNATURE

DATED

EMPLOYMENT HISTORY

PRIOR WORK HISTORY (LIST YOUR LAST 4 JOBS BEGINNING WITH YOUR MOST RECENT EMPLOYER)

EMPLOYER'S NAME AND ADDRESS _____ PH# _____
POSITION HELD: _____ SUPERVISOR _____
DATES EMPLOYED: FROM: (YR & MO) _____ TO (YR & MO) _____
REASON FOR LEAVING:

EMPLOYER'S NAME AND ADDRESS _____ PH# _____
POSITION HELD: _____ SUPERVISOR _____
DATES EMPLOYED: FROM: (YR & MO) _____ TO (YR & MO) _____
REASON FOR LEAVING:

EMPLOYER'S NAME AND ADDRESS _____ PH# _____
POSITION HELD: _____ SUPERVISOR _____
DATES EMPLOYED: FROM: (YR & MO) _____ TO (YR & MO) _____
REASON FOR LEAVING:

EMPLOYER'S NAME AND ADDRESS _____ PH# _____
POSITION HELD: _____ SUPERVISOR _____
DATES EMPLOYED: FROM: (YR & MO) _____ TO (YR & MO) _____
REASON FOR LEAVING:

**OKLAHOMA STATE DEPARTMENT OF HEALTH - ODH FORM 805
PROTECTIVE HEALTH SERVICES (01/01)**

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND COMPLETE AND I UNDERSTAND THAT FALSE INFORMATION OR OMISSION OF FACTS MAY DISQUALIFY ME FROM EMPLOYMENT AND MAY CAUSE TERMINATION, IF DISCOVERED AT A LATER DATE.

APPLICANT'S SIGNATURE

DATE

PRE-EMPLOYMENT CRIMINAL HISTORY CHECK

**PARKER PLACE LIVING CENTERS, LLC
RELEASE AND AUTHORIZATION**

I UNDERSTAND THAT CONSIDERATION FOR EMPLOYMENT IS CONTINGENT UPON RESULTS OF A REFERENCE AND BACKGROUND CHECK. THEREFORE, I HEREBY AUTHORIZE PARKER PLACE LIVING CENTERS, LLC TO INVESTIGATE THE TRUTHFULNESS OF ANY AND ALL STATEMENTS MADE ON THIS APPLICATION, ON MY RESUME AND/OR DURING MY INTERVIEW. I AUTHORIZE, WITHOUT RESERVATION, PPLC TO CONTACT MY PREVIOUS EMPLOYERS AND OTHER LISTED REFERENCES, SCHOOLS, ORGANIZATIONS OR ANY OTHER PERSONS WHO CAN VERIFY INFORMATION. IN ADDITION, I GIVE MY CONSENT FOR ALL CONTACTED PERSONS, INCLUDING FORMER EMPLOYERS, TO PROVIDE INFORMATION CONCERNING THIS APPLICATION, AND I RELEASE ALL SUCH PERSONS FROM LIABILITY FOR PROVIDING INFORMATION TO PPLC.

PRINT NAME _____

SIGNATURE _____ DATE _____

PLEASE MAKE ANY COMMENTS YOU FEEL ARE PERTINENT TO YOUR APPLICATION HERE: