



## Louisiana Health & Rehabilitation, Inc.

2121 Wooddale Boulevard  
Baton Rouge, LA 70806

Phone: (225) 231-2490 Fax: (225) 231-2775

[www.lahealthandrehab.org](http://www.lahealthandrehab.org)

# Employment Application

LOUISIANA HEALTH & REHABILITATION  
2121 Wooddale Boulevard Baton Rouge, LA 70806

**LOUISIANA HEALTH & REHABILITATION**  
**2121 Wooddale Boulevard**  
**Baton Rouge, LA 70806**

Dear Prospective Employee,

Louisiana Health and Rehabilitation is an Equal Opportunity Employer. We make employment decisions based on individuals' qualifications and ability to perform specific job requirements.

Employment with our Company is considered to be "at will," which means either party may terminate the relationship at any time and for any lawful reason.

All applicants must complete an employment application. Louisiana Health and Rehabilitation also requires documentation of either a diploma or high school equivalent. Letters of reference may also be required depending on the position being applied for.

Following our review of all completed applications, we will begin interviewing the most qualified candidates. Those who do not meet our employment requirements, for whatever reason, will remain on file for a 30 day period.

Louisiana Health and Rehabilitation will make conditional offers of employment to those candidates selected during the interview process. The conditional aspect of the job offer depends on the potential employee agreeing to acknowledge our company policies in writing; consenting/ passing all background and reference checks; and finally any other condition that should be met before the candidate may consider him/herself an employee.

In addition to the above the following conditions also apply:

1. All applicants **MUST BE 18 YEARS OF AGE OR OLDER.**
2. Applicants **must** furnish current and accurate information of present/past employers listed on this application.
3. Letters of reference are **STRONGLY ENCOURAGED** to expedite your application.
4. Incomplete applications will **NOT** be processed.

We thank you in advance for your interest in pursuing a career with Louisiana Health and Rehabilitation.

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Applicant's Signature

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Date

*Soundra Johnson*, Chief Executive Officer

Office: (225)231-2490

Fax: (225) 231-2775

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**2121 Wooddale Boulevard**  
**BATON ROUGE, LA 70806**  
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## Application for Employment

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

**THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLCABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.**

*(Please Print Clearly)*

Social Security Number \_\_\_\_\_

Name: \_\_\_\_\_ Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate or Cell Number: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street, Apartment, or Unit Number

\_\_\_\_\_ How long have you lived there \_\_\_\_/\_\_\_\_  
City State Zip code Years/Months

Previous Address: \_\_\_\_\_  
Street, Apartment, or Unit Number

\_\_\_\_\_ How long did you live there \_\_\_\_/\_\_\_\_  
City State Zip code Years/Months

Desired Salary Rate: \_\_\_\_\_

Type of Employment desired?  Full-time  Part-time (Specify Hours) \_\_\_\_\_

Are you willing to work overtime?  Yes  No Date on which you can start work if hired \_\_\_\_\_

Have you previously applied for employment with this Company?  Yes  No

If Yes, when and where did you apply \_\_\_\_\_

Have you ever been employed by this Company?  Yes  No If, YES, provide dates of employment, location, and reason for separation from employment

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Education	School Name Location (City, State)	Years Completed	Graduate?	Degree Major
High School				
College				
Jr. College/Bus./ Tech/trade or Post College				

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed names, nickname, etc.

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List all special technical skills that you feel qualify you for the job for which you are applying. (For example, computer programming/language, software, equipment operation, special tools or machines, etc.)

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**REFERENCES**

Please list the names of additional work related references we may contact. Individuals with no prior work experience may list school or volunteer related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP <small>(i.e. supervisor, co-worker)</small>	TELEPHONE #

Please list the names of personal references (not previous employers or relatives) who know you well that we may contact

NAME	OCCUPATION	ADDRESS	TELEPHONE #	# OF YEARS KNOWN

**WORK EXPERIENCE**

Please list the names of your present and/or previous employers in chronological order with present or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment.

Employer

Name	Address	Type of Business
Telephone (____) _____ - _____	Dates employed: From ____/____/____ to ____/____/____	
Job Title: _____	Duties: _____	
Supervisor's Name: _____	May we contact? ___ Yes ___ No If No, why not? _____	
Wages: Start _____ Final _____	Reason for leaving _____	
What will employer say was the reason your employment terminated? _____		
How much notice did you give when resigning? If none, explain _____		

Employer

Name	Address	Type of Business
Telephone (____) _____ - _____	Dates employed: From ____/____/____ to ____/____/____	
Job Title: _____	Duties: _____	
Supervisor's Name: _____	May we contact? ___ Yes ___ No If No, why not? _____	
Wages: Start _____ Final _____	Reason for leaving _____	
What will employer say was the reason your employment terminated? _____		
How much notice did you give when resigning? If none, explain _____		

Employer

Name	Address	Type of Business
Telephone (____) _____ - _____	Dates employed: From ____/____/____ to ____/____/____	
Job Title: _____	Duties: _____	
Supervisor's Name: _____	May we contact? ___ Yes ___ No If No, why not? _____	
Wages: Start _____ Final _____	Reason for leaving _____	
What will employer say was the reason your employment terminated? _____		
How much notice did you give when resigning? If none, explain _____		

Please explain fully all gaps in your employment history in excess of one month:

Have you ever been terminated or asked to resign from any job? \_\_\_ Yes \_\_\_ No If Yes, how many times? \_\_\_\_\_  
Has your employment ever been terminated by mutual agreement? \_\_\_ Yes \_\_\_ No If Yes, how many times? \_\_\_\_\_  
Have you ever been given the choice to resign rather than be terminated? \_\_\_ Yes \_\_\_ No If Yes, how many times? \_\_\_\_\_  
If you answered, Yes, to any of the above three questions, please explain the circumstances of each occasion.



## EMPLOYEE REFERENCE CHECKS

Name of Prospective Employee: \_\_\_\_\_

Date: \_\_\_\_\_

Please check (X) if this reference is business or professional:

<p>___ BUSINESS REFERENCE:</p> <p>Business Name: _____</p> <p>Contact Person: _____</p> <p>Phone Number: _____</p>	<p>___ PROFESSIONAL REFERENCE: <i>(i.e. Teacher, Clergy, Mentor, etc.)</i></p> <p>Name: _____</p> <p>Phone Number: _____</p>
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Please check (X) if this reference is business or professional:

<p>___ BUSINESS REFERENCE:</p> <p>Business Name: _____</p> <p>Contact Person: _____</p> <p>Phone Number: _____</p>	<p>___ PROFESSIONAL REFERENCE: <i>(i.e. Teacher, Clergy, Mentor, etc.)</i></p> <p>Name: _____</p> <p>Phone Number: _____</p>
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Please check (X) if this reference is business or professional:

<p>___ BUSINESS REFERENCE:</p> <p>Business Name: _____</p> <p>Contact Person: _____</p> <p>Phone Number: _____</p>	<p>___ PROFESSIONAL REFERENCE: <i>(i.e. Teacher, Clergy, Mentor, etc.)</i></p> <p>Name: _____</p> <p>Phone Number: _____</p>
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**2018 Louisiana Laws Revised Statutes TITLE 40 - Public Health and Safety RS 40:1203.3 - Refusal to hire or contract; termination of employment; exemption; appeal procedure; waiver**

**Universal Citation: LA Rev Stat § 40:1203.3 (2016)**

§1203.3. Refusal to hire or contract; termination of employment; exemption; appeal procedure; waiver

A. Except as otherwise provided in R.S. 40:1203.2(C), no employer shall hire any licensed ambulance personnel or nonlicensed person when the results of a criminal history check reveal that the licensed ambulance personnel or nonlicensed person has been convicted of any of the following offenses:

(1) R.S. 14:28.1, 30, 30.1, 31, 32.6, 32.7, 32.12, 34, 34.1, 34.7, 35.2, 37, 37.1, 37.4, 38.1, 42, 42.1, 43, 43.1, 43.2, 43.3, 43.5, 44, 44.1, 46.2, 51, 60, 62.1, 64, 64.1, 64.4, 66, 89, 89.1, 93.3, 93.4, 93.5 or distribution or possession with the intent to distribute controlled dangerous substances as listed in Schedules I through V of the Uniform Controlled Dangerous Substances Act.

(2) An attempt or conspiracy to commit any of the offenses listed in Paragraph (1) of this Subsection.

<u>RS</u>	<u>NAME OF OFFENSE</u>	<u>RS</u>	<u>NAME OF OFFENSE</u>
14:28.1	Solicitation for Murder	14:44	Aggravated Kidnapping
14:30	First Degree Murder	14:44.1	Second Degree Kidnapping
14:30.1	Second Degree Murder	14:46.2	Human Trafficking
14:31	Manslaughter	14:51	Aggravated Arson
14:32.6	First Degree Feticide	14:60	Aggravated Burglary
14:32.7	Second Degree Feticide	14:62.1	Simple Burglary of a Pharmacy
14:32.12	Criminal Assistance to Suicide	14:64	Armed Robbery
14:34	Aggravated Battery	14:64.1	First Degree Robbery
14:34.1	Second Degree Battery	14:64.4	Second Degree Robbery
14:34.7	Aggravated Second Degree Battery	14:65	Extortion
14:35.2	Simple Battery of Infirmid	14:67	Theft <u>SEE VERBIAGE BELOW</u>
14:37	Aggravated Assault		(Item 3)
14:37.1	Assault by Drive-By Shooting	14:67.21	Theft of Assets of an Aged Person or Disabled Person <u>SEE</u>
14:37.4	Aggravated Assault with a Firearm		<u>VERBIAGE BELOW – (Item 3)</u>
14:38.1	Mingling Harmful Substances		Crime Against Nature
14:42	Aggravated Rape	14:89	Aggravated Crime Against Nature
14:42.1	Forcible Rape	14:89.1	Cruelty to Persons with Infirmities
14:43	Simple Rape	14:93.3	Exploitation of the Infirmid
14:43.1	Sexual Battery	14:93.4	Sexual Battery of the Infirmid
14:43.2	Second Degree Sexual Battery	14:93.5	
14:43.3	Oral Sexual Battery		
14:43.5	Intentional Exposure to AIDS Virus		
	Distribution or possession with the intent to distribute controlled dangerous substances as listed in Schedule 1 through V of the Uniform controlled Dangerous Substance Act.		
40:966-A	Penalty for distribution or possession with intent to distribute narcotic drugs listed in Schedule I		
40:967-A	Prohibited acts – Schedule II, penalties	40:970-A	Prohibited acts – Schedule V; penalties
40:968-A	Prohibited acts – Schedule III, penalties	40:971-a	Prohibited acts – All Schedules
40:969-A	Prohibited acts – Schedule IV, penalties		

(3) The felony offense involving theft, pursuant to R.S. 14:67, or theft of assets of an aged person or person with a disability, pursuant to R.S. 14:67.21 in excess of five hundred dollars or in any case in which the offender has been previously convicted of theft, pursuant to R.S. 14:67, or theft of assets of an aged person or person with a disability, pursuant to R.S. 14:67.21, regardless of the value of the instant theft.

(4) An attempt or conspiracy to commit an offense listed in Paragraph (3) of this Subsection.

B. Additionally, except as otherwise provided in R.S. 40:1203.2(C), no employer who provides care or services to any person under the age of twenty-one shall hire any licensed ambulance personnel or nonlicensed person when the results of the criminal history check reveal that the licensed ambulance personnel or nonlicensed person has been convicted of any of the following offenses:

(1) R.S. 14:44.2, 80, 81.2, or 93.

(2) An attempt or conspiracy to commit any of the offenses listed in Paragraph (1) of this Subsection.

<u>RS</u>	<u>NAME OF OFFENSE</u>	<u>RS</u>	<u>NAME OF OFFENSE</u>
14:44.2	Aggravated Kidnapping of a Child	14:81.2	Molestation of a Juvenile
14:80	Felony Carnal Knowledge of a Child	14:93	Cruelty to Juvenile

C. (1) If the results of a criminal history check reveal that a nonlicensed person or any licensed ambulance personnel hired on a temporary basis or any other person who is an employee has been convicted of any of the offenses listed in Subsection A or B of this Section, the employer shall immediately terminate the person's employment.

(2) The provisions of this Section shall not apply to a nonlicensed person or licensed ambulance personnel who was working under a waiver granted under the law in effect prior to August 15, 2010, so long as that person continues to be employed for the employer who granted the waiver and the person began employment for the employer prior to August 15, 2010, or a person who has received a pardon of the conviction or has had his conviction expunged.

IF you have been found guilty of any of the listed charges you WILL NOT be hired!

**INSTRUCTIONS FOR ANSWERING THE NEXT TWO QUESTIONS:**

1. All applicants: Do not include convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in referral to a diversion program.
2. Arizona, Colorado, District of Columbia, Illinois, Kansas, Minnesota, Missouri, Montana, Nevada, Rhode Island, South Carolina, and Utah applicants: Do not respond to the second question regarding arrests.
3. California applicants: Do not include misdemeanor marijuana-related convictions that are more than two (2) years old or misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.
4. Connecticut applicants: You are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased. Criminal records subject to erasure are records pertaining to a finding of delinquency or the fact that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nulled (not prosecuted), a criminal charge for which the person was found not guilty, or a conviction for which the offender received an absolute pardon. Any person whose criminal records have been erased is deemed to have never been arrested within the meaning of the law as it applies to the particular proceedings that have been erased, and may so swear under oath.
5. District of Columbia and Washington applicants: Limit any response to the past ten (10) years.
6. Hawaii applicants: Do not answer the following two questions.
7. Indiana applicants: Regarding arrests limit your response to pending charges for felonies and class A misdemeanors that are less than one (1) year old.
8. Massachusetts applicants: Limit any response regarding misdemeanor convictions to the last five (5) years and to those which were not a first offense for drunkenness, simple assault, speeding, a minor traffic violation or disturbing the peace. Applicants with a sealed record on file with the Massachusetts Commissioner of Probation may answer "No Record" with respect to: 1) all inquiries relating to prior convictions or arrest; 2) misdemeanor convictions older than five (5) years; and 3) first time convictions for simple assault, drunkenness, speeding, minor traffic violations or disturbing the peace.
9. Michigan applicants: Regarding arrests, limit your response to felony arrests awaiting conviction or dismissal.
10. New York applicants: All pending arrests or criminal accusations must be disclosed. You are not required to disclose arrests or criminal accusations that resulted in criminal actions or proceedings which were terminated in your favor. Do not disclose criminal actions or proceedings that were sealed or classified as youthful offender adjudications. An ex-offender who is denied employment may, upon written request, receive a statement of the reason(s) for denial within thirty (30) days of the applicant's request for such information.
11. North Dakota and Oregon applicants: Regarding arrests, limit your response to pending charges that are less than one (1) year old.
12. Utah applicants: Limit any response to felony conviction only. Do not respond to the second question regarding arrests.

Have you ever plead guilty or no contest to, or been convicted of any criminal offense other than the applicable exceptions listed above?       Yes    No

Have you ever been arrested for any matters for which you currently are out on bail or on your own recognizance pending trial?       Yes    No



CRIMINAL OFFENSES ONLY: If you answered "YES", to either of the above two questions, please provide the date(s) and explain in accordance with the above instructions so that individual circumstances can be considered

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*Criminal convictions or arrests will not automatically disqualify an applicant from a particular job. The Company will consider the nature of the crime, its seriousness, the substantial relation to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the crime, the time elapsed since the crime, the applicant's entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by law.*

Have you ever initiated an act of violence in the workplace?     Yes    No

If YES, please provide the date(s) and explain so that individual circumstances can be considered. (A "YES" answer will not necessarily disqualify you from employment)

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## APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify that all the information on this application, my resume', or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

**THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE, OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT – EXPRESS OR IMPLIED – WITH ME OR ANY APPLICANT FOR EMPLOYMENT OFR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.**

**IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.**

I authorize the Company or its agents to confirm all statements contained in this application and/or resume' as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by this Company. I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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**UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR, POLYGRAPH, OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEAMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

I have read and understand the above statement.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**UNDER MASSACHUSETTS LAW, IT IS UNLAWFUL FOR AN EMPLOYER TO REQUIRE OR TO ADMINISTER A LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT**

**FEDERAL AND/OR STATE LAW MAY PROHIBIT THE USE OF LIE DETECTOR, OR SIMILAR TEST AS WELL.**

## DISCLOSURE REGARDING CONSUMER REPORTS

### LOUISIANA HEALTH & REHAB OPTIONS Will obtain a Background Check

You acknowledge and understand that in connection with your application for employment with LOUISIANA HEALTH & REHAB, OPTIONS INC. (including any independent contract for services) or when deciding whether to modify or continue your ongoing employment, if hired, we may obtain a "consumer report" and/or an "investigative consume report" on you from TRAK-1, a consumer reporting agency, or from any third party, in strict compliance with both state and federal law.

### CONSUMER REPORT DEFINED

A consumer report is any communication of information by a consumer reporting agency bearing on your credit worthiness, credit stand, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used for purposes of serving as a factor in establishing your current and/or continuing eligibility for employment purposes. A common term for a consumer report is a "background check report".

### INVESTIGATIVE CONSUMER REPORT DEFINED

An investigative consumer report is obtained through personal interviews with individuals who may have knowledge of your character, general reputation, personal characteristics, or mode of living. An investigative consumer report might include, for example, calls to the personal references you provide or conversations with former supervisors or colleagues where you worked.

### REPORTS MAY CONTAIN

The consumer reports or investigative consumer reports may contain public record information which may be requested or made on you including, but not limited to: consumer credit, criminal records, civil cases in which you have been involved, driving history records, current motor vehicle insurance coverage information, education records, previous employment history, workers compensation claims history, social security traces, military records, professional licensure records, eviction records, drug testing, government records, and others.

You further understand that these reports may include experience information along with reasons for termination of past employment. You also acknowledge and understand that information from various federal, state, local and other agencies which contain information about your past activities will be requested, and that a consumer report containing injury and illness, drug testing, or other medical records and medical information may be obtained only after a tentative offer of employment has been made.

### YOUR RIGHTS AS A CONSUMER

You are hereby notified that you have the right to make a timely request for a copy of the scope and nature of the above investigative background report and/or a complete copy of your consumer report contained in TRAK-1's files on you at the time of your request by providing proper identification,

Your are further notified that, prior to being denied employment based in whole or in part on information obtained in the consumer report, you will be provided a copy of the report, the name, address, and telephone number of the consumer reporting agency and a description in writing of your rights under the Fair Credit Reporting Act.

Correspondence to TRAK-1 should be forwarded to:

TRAK-1 – Consumer Relations – 7131 Riverside Parkway – Tulsa, Oklahoma 74136  
1-800-600-8999 – [CustomerCare@trak-1.com](mailto:CustomerCare@trak-1.com)

## AUTHORIZATION TO OBTAIN CONSUMER REPORT

The following is information required in order for LOUISIANA HEALTH & REHAB, OPTIONS INC. to obtain a complete consumer report:

Full Legal Name: \_\_\_\_\_  
*(First Name, Full Middle Name, Last Name)*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Other or Former Names: *(AKA, Maiden Names, Married Names, Surnames, etc.)*

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Email Address: \_\_\_\_\_

Your signature below indicates the following:

- 1) You authorize, without reservation, TRAK-1 or any third party to obtain and/or furnish to LOUISIANA HEALTH & REHAB, OPTIONS INC. any records or information referenced in the provided disclosure statement for employment related purposes;
- 2) You authorize ongoing procurement of any records or information, reports, and records at any time during your employment to the extent allowed by the law;
- 3) You authorize the use of a fax or photocopy of this authorization as having the same authority as the original;
- 4) You authorize and request, without reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other entity, person or agency having knowledge about you to furnish LOUISIANA HEALTH & REHAB, OPTIONS INC. and/or TRAK-1 with any and all background information in their possession regarding you for these stated employment purposes;
- 5) You understand and agree that in connection with your employment your consumer report information, whether investigative or otherwise, may be shared with and/or reviewed by all applicable parties involved in the hiring process;
- 6) You have read and fully understand the foregoing disclosure and this authorization.
- 7) You certify that all the information you have provided on this form is true, complete, correct and accurate; and
- 8) You certify you have received, reviewed, and understand the "Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.)" which is published by the Federal Trade Commission to help you know your rights.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*This information will be used for background screening purposes only.*

Check this box if you are a Minnesota Oklahoma, or California applicant, and you would like to receive a copy of your consumer report, if one is obtained. For California applicants only: a copy of your report will be sent to you by the above-referenced employer within three business days beginning on the date of receipt by the employer. For Minnesota applicants only: the consumer reporting agency shall furnish a copy of your consumer report within twenty-four hours of providing it to the above-referenced employer. For Oklahoma applicants only: the consumer reporting agency shall furnish a copy of your consumer report.

**CALIFORNIA APPLICANTS:** Pursuant to § 1786.22 of the California Civil Code, you may view the file maintained on you by Trak-1 during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone upon production of adequate identification. TRAK-1 is required to have trained personnel available to explain your file to you and any coded information contained therein. You may appear in person alone, or with another person of your choice, provided that this additional person furnishes proper identification.

California Civil Code section 1786.16(2) requires a separate disclosure and authorization to be signed by an applicant or current employee each time a background check is performed for employment purposes this requirement does not apply in situations where the employer has a suspicion of wrongdoing or misconduct by a current employee.

**MAINE APPLICANTS:** Pursuant to Maine state law, § 1317(2), TRAK-1 is required to reinvestigate any consumer dispute made by a consumer residing in the state of Maine within 21 calendar days of notification of the dispute by the consumer.

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