

**LOUISIANA ATHLETIC CARE, LLC**

110 TRAVIS STREET, SUITE 122 LAFAYETTE, LA 70503

PH: (800) 672-4504

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

**OFFICE USE ONLY**

POSITION \_\_\_\_\_  
 LOCATION \_\_\_\_\_  
 DATE POSITION BECAME AVAILABLE \_\_\_\_\_  
 DATE APP WAS RECEIVED BY H.R. \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

**PLEASE COMPLETE PAGES 1-5.** DATE \_\_\_\_\_

Name \_\_\_\_\_  
 Last First Middle Maiden

Present address \_\_\_\_\_  
 Number Street City State Zip

How long at Present address? \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone (hm) \_\_\_\_\_ (cell) \_\_\_\_\_ email \_\_\_\_\_

If under 18, please list age \_\_\_\_ If under the age of 18, can you produce the necessary work certificate at the time of employment?  No  Yes

Position applied for (1) \_\_\_\_\_ Days/hours available to work  
 Location applied for (2) \_\_\_\_\_ No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 and salary desired (3) \_\_\_\_\_ Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 (Be specific) Wed \_\_\_\_\_ Sat \_\_\_\_\_  
 Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work overtime? \_\_\_\_\_

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME

When available for work? \_\_\_\_\_

Are you able at the time of employment to submit verification of your legal right to work in the US?  No  Yes

*(Proper Identification and completion of Form I-9 must be submitted no later than three business days after hire. Failure to do so could result in suspension or termination of employment)*

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

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HAVE YOU EVER INITIATED AN ACT OF VIOLENCE IN THE WORKPLACE?  No  Yes

(Yes answers will not automatically disqualify you from employment. The Company will consider the nature of the crime or act of violence, its seriousness, whether the convictions(s) substantially relates to the position's functions and qualifications, the frequency of convictions, the applicant's age at the time of conviction(s), the time elapsed since the date of conviction(s) or completion of jail sentence, the applicant's entire work and educational history and employment references and recommendations.)

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\_\_\_\_\_

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)  Chauffeur  
Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How Many? \_\_\_\_\_

OFFICE ONLY

Typing  Yes  No \_\_\_\_\_ WPM 10-key  Yes  No Word Processing  Yes  No \_\_\_\_\_ WPM  
Personal Computer  Yes  No PC  Mac  Other \_\_\_\_\_  
Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone ( ) _____	Telephone ( ) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

\_\_\_\_\_

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

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APPLICATION FOR EMPLOYMENT

**Work Experience** Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Most recent

Name of employer	Name of last supervisor	Employment dates	Pay or salary
Street Address City, State, ZIP Phone Number		From To	Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of employer	Name of last supervisor	Employment dates	Pay or salary
Street Address City, State, ZIP Phone Number		From To	Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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**APPLICATION FOR EMPLOYMENT**

**Work experience, continued** Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer  Street Address City, State, ZIP Phone Number	Name of last supervisor	Employment dates	Pay or salary
		From  To	Start  Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of employer  Street Address City, State, ZIP Phone Number	Name of last supervisor	Employment dates	Pay or salary
		From  To	Start  Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer?     Yes     No

Did you complete this application yourself     Yes     No

If not, who did? \_\_\_\_\_ 4

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**PLEASE READ CAREFULLY**

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**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Louisiana Athletic Care, LLC (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Louisiana Athletic Care, LLC, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Louisiana Athletic Care, LLC may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Louisiana Athletic Care, LLC is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Louisiana Athletic Care, LLC depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

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POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

PERSONAL INFORMATION

Height \_\_\_\_\_ ft. \_\_\_\_\_ in.      Weight \_\_\_\_\_      Birth date \_\_\_\_\_  
Married  Yes  No    If married, how long? \_\_\_\_\_     Single     Separated     Divorced     Widowed  
Full name of spouse \_\_\_\_\_      Occupation \_\_\_\_\_  
Name of company \_\_\_\_\_      Telephone (\_\_\_\_) \_\_\_\_\_

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name \_\_\_\_\_      Telephone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_      Relationship \_\_\_\_\_

FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS

NAME	RELATIONSHIP	BIRTH DATE	SSN

TO BE COMPLETED  
BY EMPLOYER

Date of employment: \_\_\_/\_\_\_/\_\_\_      Job title: \_\_\_\_\_

Location: \_\_\_\_\_      Rate of pay: \$ \_\_\_\_\_ per \_\_\_\_\_

Full-time     Part-time     Salaried

**Applicant's signature acknowledging above information** \_\_\_\_\_

Drug test confirmation number: N/A

Name of person verifying information: \_\_\_\_\_

Name of person authorizing employment: Chad Arceneaux

## Applicant Selection Criteria Record

JOB TITLE: _____			
<b>CANDIDATES CONSIDERED (INCLUDING MINORITIES AND FEMALES)</b>			
<b>NAME</b>	<b>MALE/ FEMALE</b>	<b>ETHNIC CODE*</b>	<b>ON LAB SECTION/ OFF LAB</b>
*ETHNIC CODES: 1-BLACK, 2-ORIENTAL, 3-HISPANIC, 4-AMERICAN INDIAN, 0-OTHER			
<b>CANDIDATE SELECTED</b>			
<b>NAME</b>	<b>MALE/ FEMALE</b>	<b>ETHNIC CODE</b>	<b>SOURCE</b>
<b>SELECTION CRITERIA</b>			
<b>REASONS CANDIDATE SELECTED WAS PREFERABLE TO OTHERS</b>			
	<b>ORIGINATOR'S SIGNATURE</b>	<b>DATE</b>	