ADMIRAL
ENFORCEMENT

Date: _____

Dear _____,

Congratulations! Admiral Enforcement is pleased to extend to you the position of Enforcement Agent at location **(City)** _____, This position is a **Full Time/Part Time** position. The starting wage for this position is $_____ per hour plus opportunity for incentive pay.

We look forward to having you as part of the Admiral Enforcement team.

Sincerely,

_____
Manager Signature

_____ (_____)_____-_____
Name Phone Number

I understand this offer is contingent upon the successful completion of a negative drug test, background check and proof of employment eligibility to work in the United States.

It is mutually understood and agreed that your employment with the company is at-will and may be terminated by you or the company at any time, with or without cause or notice. Nothing in this letter shall be deemed to create an employment contract between you and the company for any term.

I accept the terms and conditions of this offer.

_____ _____
Employee Signature Date

Admiral Services Holdings, L.L.C.
1010 Common Street, Suite 2970, New Orleans, LA 70112
504.831-1407 (office) 504.831-1410 (fax)

Concentra™

(Patient Must Present Photo ID at Time of Service)

Authorization for Examination or Treatment

Patient Name: _____ Social Security Number: _____

Employer: Admiral Enforcement/Premium Parking Date of Birth: _____

Street Address: 1010 Common St. Ste 2950 New Orleans, LA 70112 Location Number: AE-Austin

Temporary Staffing Agency: _____

Work Related

❑ Injury ❑ Illness

Date of Injury _____

Substance Abuse Testing★ (check all that apply)

❑ Regulated drug screen ❑ Breath alcohol

❑ Collection only ❑ Hair collect

☑ Non-regulated drug screen ❑ Rapid drug screen

❑ Other _____

Type of Substance Abuse Testing

☑ Preplacement ❑ Reasonable cause

❑ Post-accident ❑ Random

❑ Follow-up

Physical Examination

❑ Preplacement ❑ Baseline ❑ Annual ❑ Exit

DOT Physical Examination

❑ Preplacement ❑ Recertification

Special Examination

❑ Asbestos ❑ Respirator ❑ Audiogram

❑ Human Performance Evaluation★

❑ HAZMAT ❑ Medical Surveillance

❑ Other _____

Billing (check if applicable)

❑ Employee to pay charges

Special instructions/comments: _____

★ Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Authorized by: Lara Leone Title: H.R. Director

Please print

Phone: (504) 717-2428 _____

Date

Concentra now offers urgent care services for non-work related illness and injury. We accept many insurance plans.

(Copies of this form are available at www.concentra.com)

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ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **Admiral Enforcement** (the "Company") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **C-Net Technologies, 3513 SW H.K. Dodgen Loop, Suite 204, Temple, TX 76502, (877) 742-0005, www.cnettechnologies.com** and/or **Premium Parking**. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

California applicants only: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. ☐

Signature: _____ Date: _____

BACKGROUND INFORMATION

Last Name _____ First _____ Middle _____

Other Names/Alias _____

Social Security* # _____ Date of Birth* _____

Driver's License # _____ State of Driver's License** _____

Present Address _____ Phone Number _____

City/State/Zip _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.