



Background Check Consent

Please **PRINT** the following Employee/Applicant information:

First Name: _____ Last Name: _____

Middle Name (full) _____ Maiden/Former/Alias: _____

Address _____ City _____ Zip Code _____

Date of Birth: ____/____/____ Sex: Male Female Social Security Number: ____/____/____

Check appropriate box

I have been a resident of my current state _____ for the past five (5) years.

I have not been a resident of my current for the past five (5) years.
(A Federal check will be required)

A search of your current state and/or the Federal bureau of Investigation's Criminal Justice information Criminal Files will be performed on you. By signing this form, you are allowing IAS Claim Services to access any criminal data maintained in public files maintained by the states or Federal government.

I understand that I have the following rights:

1. The right to be informed that IAS will request a background check on me to determine whether I have been convicted of any State or Federal crimes.
2. The right to obtain from the appropriate agency any record that forms the basis for this report.
3. The right to challenge the accuracy and completeness of information contained in the report or record obtained pursuant to this background check.
4. The right to be informed by IAS if my application to be employed or hired as an independent contractor by IAS or to continue as an employee or independent contractor of IAS has been denied because of the result of the background check.

I authorize the state of _____ or any other Federal law enforcement agency to disclose all criminal history record information to IAS Claim Services for the purpose of independent contracting or employment.

The expiration of this authorization shall be one year from the date of my signature.

Signature

Date

**IAS Claim Services, LLC
5800 Broadway, Ste 110
San Antonio, TX 78209
FAX (210) 804-1304
Attn: Andrea Velasquez**