



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:

<input type="checkbox"/> I have been a resident of my current state _____ for the past five (5) years.
<input type="checkbox"/> 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



SAMPLE SUBSTANCE ABUSE POLICY

Our policy is to employ a work force free from alcohol abuse or the use of illegal drugs. Any employee who violates this policy will be disciplined. This may include termination, even for a first offense.

We strive to provide a safe and healthy work environment, free of the use of illegal drugs *and abuse of alcohol and set forth the following rules:

Employees may not consume alcoholic beverages or take illegal drugs on our premises.

Employees may not report to work under the influence of drugs or alcohol.

If you are convicted under any federal or state criminal drug statute, you must notify an officer of the firm within five (5) days. This will be grounds for termination.

Legal drugs include prescribed and over-the-counter drugs which have been legally obtained and used for the purpose for which they were intended. Illegal drugs include any drug which is not legally obtainable, which may be obtainable but has not been legally obtained or which is being used in a manner or for a purpose other than as prescribed.

I have read and understand the above policy and the implications of this policy as regards to my employment or as an independent contractor for IAS Services Group, LLC or any of its related entities:

Signed: _____ *Date* _____