



**No Damage Beyond
Our Control**

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525 Seventh Avenue W
Suite 2
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941.722.9200
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Toll Free Number 866.418.7228
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**You Can Stake Your
Claims on Us**

APPLICATION PACKAGE CHECK LIST

1. DONE Employment Application
2. _____ Independent Contractor Agreement
3. _____ Direct Deposit Authorization
4. _____ Background Investigation Release Form
5. _____ Inappropriate Behavior Form
6. _____ Drug Testing Consent Form
7. _____ W-9 Form – Taxpayer ID
8. _____ I-9 Form – Employment Eligibility Verification
9. _____ Copy of all Adjusting License(s)
10. _____ Copy of Social Security Card
11. _____ Copy of Driver's License
12. _____ Copy of Auto Insurance Card

PLEASE RETURN TO LYOSHI SMITH BY
FAX: (504) 445-7793 OR

SIGN, SCAN AND EMAIL TO
resumes@uscatadj.com