

GARDEN STATE SMILES

SEARCH REQUEST FORM

TO PROCESS YOUR SEARCH, COMPLETE THIS REQUEST FORM AND FAX IT TO _____

REPORTS REQUESTED:

_____ **PACKAGE A**

Driving Record

National Sex Offender

_____ **OTHER** _____

_____ **PACKAGE B**

Social Security Search

Statewide Criminal Search

ATTN: _____

Fax # _____ **Phone #** _____ **Date Submitted:** _____

INFORMATION TO BE COMPLETED BY APPLICANT:

Individual's First, Middle, Last Name: _____

Position: _____ **Dates at Current Address: From – To:** _____

Address: _____ **City/State/Zip** _____

Phone# _____ **Social Security No:** _____ **Date of Birth:** _____

Driver's License No _____ **DL State** _____

Email: _____

APPLICANTS CONSENT FOR BACKGROUND INVESTIGATION

I hereby authorize Garden State Smiles and its affiliates, or its agents to investigate me, my former employment and professional reputation.

I hereby authorize all persons, firms, companies, government agencies, courts, credit agencies, associations or institutions having control of any documents, records or other information to furnish said documents to the above requestor.

I understand that the above information is specifically related to the background investigation process, and that date of birth is required to facilitate the most effective background check.

I hereby acknowledge, by signing below, that I have never been convicted of a misdemeanor or a felony in any jurisdiction and that there are no criminal charges currently pending against me.

I hereby release Garden State Smiles and its affiliates, or its agents from any and all liability resulting from such investigation.

Signature: _____ **Date:** _____