



List below present and past employers beginning with the most recent:

Month/ Year	Name & Address of Employer	Initial Position Title and Duties	Previous Supervisor	Starting Salary	Reason for Leaving
		Final Position and Duties	Telephone Number	Ending Salary	
From:					
To:					
From:					
To:					
From:					
To:					

Please account for all unemployment since leaving school and between positions for last ten years. Give dates and state what you were doing.

From:  
To:

\_\_\_\_\_

From:  
To:

\_\_\_\_\_

**References: (2 Professional, 2 Personal)**

Name	Company	Title	Telephone No.	Professional/Personal

**POST-OFFER PHYSICAL/CONTROLLED SUBSTANCES SCREENING**

Giggles & Smiles strongly believes in its responsibility to provide a safe and healthful workplace for all its employees. I understand that at any time after I am hired, the Company may require me to submit to a physical examination to the extent permitted by law. I consent to the disclosure of the results of the physical examinations and related tests to the Company. You should understand that **YOU MAY BE TESTED** for the presence of controlled substances before you are hired as a condition of employment with Giggles & Smiles.

I understand an offer of employment may be made contingent on passing a job-related physical examination. I agree to submit to a controlled substances screening and physical examination by the Company's designated physical therapist and/or other medical practitioner.

I have read, understand, and agree to the above-referenced physical examination and drug testing policy.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION**

**PLEASE PRINT CLEARLY**

I, \_\_\_\_\_  
Last Name First Name Middle Name (Please include Jr. Sr. II, III etc.)

understand that in conjunction with my application for employment with Giggles & Smiles, that the Company will use the services of an outside agency to research and verify the information I have provided on my resume and/or application for employment including my personal background, character, professional standing, work history and qualifications. Giggles & Smiles uses the Pennsylvania State Police as a means to perform these background verifications and this agency will provide a report to Giggles & Smiles.

I also understand that Giggles & Smiles and The Pennsylvania State Police will utilize various sources of information they deem appropriate, including but not limited to: Department of Motor Vehicle records, credit reporting agencies, criminal and civil court conviction records, current and former employers, government regulatory agencies, local, state or federal licensing boards or commissions, public or private associations, school records, military records, and professional and personal references.

I hereby grant Giggles & Smiles and The Pennsylvania State Police permission to access any and all applicable sources of information, including, but not limited to those listed above and unconditionally release and hold harmless Giggles & Smiles, The Pennsylvania State Police, and any named or unnamed corporation, company, custodian of records or informant from any and all liability resulting from furnishing information about me.

I authorize the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character and personal reputation. This authorization, in original or copy form, shall be valid for one year from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by Giggles & Smiles if employment is denied because of information obtained from a Consumer Reporting Agency.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Position Applied For

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License # State

Other names you have used or are also known as: \_\_\_\_\_

**PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS (Use back if necessary)**

Current Residence: \_\_\_\_\_  
Street Apt.# City State Zip # Yrs

Former Residence: \_\_\_\_\_  
Street Apt.# City State Zip # Yrs

Former Residence: \_\_\_\_\_  
Street Apt.# City State Zip # Yrs

Former Residence: \_\_\_\_\_  
Street Apt.# City State Zip # Yrs