

## CORI REQUEST FORM

**COMMUNITY HEALTHLINK** has been certified by the Criminal History Systems Board for access to all conviction and pending criminal case data.

As an applicant/employee for the positions of \_\_\_\_\_  
I understand that a record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. I further understand and agree that periodic checks maybe conducted during my employment at Community Healthlink, Inc. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant / Employee Signature  
(Unless otherwise preempted by law)

\_\_\_\_\_  
Date

### **APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Maiden Name or Alias (if applicable)

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number  
(Last six digits required)

\_\_\_\_\_  
ID Theft Index PIN (If applicable)

\_\_\_\_\_  
Mother's Maiden Name

Current And Former Addresses:

\_\_\_\_\_  
Gender: ☐ Female ☐ Male      Height:      ft.      in.      Weight:      \_\_\_\_\_ Eye Color:      \_\_\_\_\_

State Driver's License #:      \_\_\_\_\_ State of Issue:      \_\_\_\_\_

\*\*\* The Above Information was verified by reviewing the following form of Government Issued Photographic Identification: \_\_\_\_\_.

Requested by: \_\_\_\_\_

\_\_\_\_\_  
Signature of CORI Authorized Employee

\*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

**All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.**

\_\_\_\_\_  
Program Manager (Print Name)

\_\_\_\_\_  
Program Manager's Phone

\_\_\_\_\_  
Program Manager's Signature