



ADMINISTRATION  
88 NORTH STREET  
HYANNIS, MA 02601  
(508) 790-0400  
FAX (508) 790-0969

OPERATIONS  
MASSHIRE CAPE & ISLANDS CAREER CENTER  
372 NORTH STREET  
HYANNIS, MA 02601  
(508) 771-JOBS (5627)  
FAX (508) 862-6101

### CORI REQUEST FORM

Job Training and Employment Corporation has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for \_\_\_\_\_, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant/Employee/Volunteer Signature

#### 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 6 Digits are Required)                                      \*ID THEFT INDEX PIN  
(IF APPLICABLE)

MOTHER'S NAME: \_\_\_\_\_  
LAST NAME                                      FIRST NAME                                      MAIDEN NAME

FATHER'S NAME: \_\_\_\_\_  
LAST NAME                                      FIRST NAME

CURRENT AND FORMER ADDRESSES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_ (include state of issue)

\*\*\*THE ABOVE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

The CHSB Identity Theft 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.