LIBRARY

GHIBOS

CORI REQUEST FORM

The Town of Hingham is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees. As an applicant/employee for the position of _____, 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. I also understand that the Town of Hingham may conduct subsequent CORI checks within one year of the date this form was signed by me. By signing below, I provide my consent to a CORI check and affirm that the information provided below is correct to the best of my knowledge.

_____ _____

Applicant/ Employee Signature Date

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

_____ _____ _____

LAST NAME FIRST NAME MIDDLE NAME

_____ _____

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

_____

MOTHER'S MAIDEN NAME

DATE OF BIRTH: _____SOCIAL SECURITY NUMBER -__ __ -__ __ __ __

(Last six (6) digits are required)

CURRENT AND FORMER ADRESSES: _____

_____

SEX:____ HEIGHT:___ft ___in WEIGHT:_____ EYE COLOR:_____

STATE DRIVER'S LICENSE NUMBER:_____

(State) (License Number)

***The above information was verified by reviewing the following form of government issued photographic identification:_____

REQUESTED BY: _____

SIGNATURE OF CORI AUTHORIZED EMPLOYEE