

HUMAN RESOURCES DEPARTMENT
THE GRODEN NETWORK, INC
610 MANTON AVENUE
PROVIDENCE, RI 02909
(401) 274-6310
FAX (401) 421-1161

CORI REQUEST FORM

Behavioral Associates of Massachusetts has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an employee for day or residential positions, I, _____, understand that a criminal record check will be conducted for conviction information only, and that it will not necessarily disqualify me. The information contained on this page is correct to the best of my knowledge.

EMPLOYEE SIGNATURE
{ Unless otherwise preempted by law }

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

**ID Theft Index PIN
(If applicable)**

FATHER'S LAST NAME

FATHER'S FIRST NAME

MOTHER'S LAST NAME

MOTHER'S FIRST NAME

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX: _____ **HEIGHT:** _____ ft. _____ in. **WEIGHT:** _____ **EYE COLOR:** _____ **RACE:** _____

STATE DRIVER'S LICENSE NUMBER: _____
(include 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 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 1-617-660-4614.