



**Massachusetts Statewide**

**REQUESTING CLIENT AGENCY: \_\_\_\_\_.**  
**CLIENT COMPANY CODE: \_\_\_\_\_.**

**CORI REQUEST FORM**

First Advantage has been certified by the Criminal History Systems Board and may access CORI from this agency for the purpose of screening otherwise qualified prospective employees or volunteers for client agencies/companies to the same extent as the client agency/company is authorized to receive CORI by the Board.

As a prospective employee for the position of \_\_\_\_\_ at  
(INSERT POSITION)

\_\_\_\_\_, I understand that a criminal record check will be conducted by  
(INSERT CLIENT AGENCY/COMPANY NAME)

First Advantage and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Dated: \_\_\_\_\_  
Prospective Employee Signature

**APPLICANT / EMPLOYEE INFORMATION (PLEASE PRINT OR TYPE)**

\_\_\_\_\_  
LAST NAME                                      FIRST NAME                                      MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)                                      PLACE OF BIRTH

\_\_\_\_\_  
DATE OF BIRTH (MM/DD/YY)      SOCIAL SECURITY NUMBER                                      MOTHER'S MAIDEN NAME

(Requested but not required)

ADDRESS: \_\_\_\_\_

FORMER ADDRESSES: \_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_ft. \_\_\_in.                      WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_

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

REQUESTED BY: \_\_\_\_\_

SIGNATURE OF CORI AUTHORIZED EMPLOYEE

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**CHSB USE ONLY**

RECORD ATTACHED \_\_\_\_\_

NO RECORD \_\_\_\_\_



Contact Client Services for CORI certification paperwork at

800-321-4473. ext. 8

**Also remember that a copy of a government issued id must accompany a copy of the Massachusetts Statewide release.**