PARTNERS HEALTHCARE | FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL AND MASSACHUSETTS GENERAL HOSPITAL

PTHCS 172

CORI REQUEST FORM

Partners Healthcare System, Inc. has been certified by the Criminal History Systems Board for access to all criminal case data including conviction, non-conviction and pending. As an applicant/employee for the position of _____ , I understand that a criminal record check will be conducted for conviction, non-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 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 (Requested but not required) MOTHER'S MAIDEN NAME

CURRENT AND 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

OFFICE USE ONLY:

PARTNERS ENTITY _____