Community Care Services

☐ **Finalist for** _____ **Position**

☐ **Applicant hired for** _____ **Position**

EOHHS
XVERSA

COMMUNITY CARE SERVICES, INC.

Community Care Services, Inc. has been certified by the Criminal History Systems Board for access to conviction data. As an applicant/volunteer/intern for the position of _____ in, _____,
(title) (program)
I understand that a criminal record check will be conducted for arraignment, 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 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)
(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

The CHSB Identify Theft Index 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