Beth Israel Deaconess Medical Center

A teaching hospital of Harvard Medical School

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CORI REQUEST FORM

PT Research, Inc. has been certified by the Criminal History Systems Board as a background check company and may access CORI for the purpose of screening current and otherwise-qualified prospective professionals, staff and volunteers for client agencies or companies to the same extent as the client agency or company is authorized to receive CORI by CHSB.

As an applicant/employee for the position of _____ at **BETH ISRAEL DEACONESS MEDICAL CENTER**, 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. The information below is correct to the best of my knowledge.

_____ _____
(Prospective) Employee/Volunteer Signature Date

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) **ID Theft Index Pin** (if applicable*)

_____
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 Identity 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 617-660-4614.