Town of Norwell
Recreation Department
P.O. Box 295, 345 Main Street
Norwell, MA 02061
PHONE 781-659-8046
FAX 781-659-7795

CORI REQUEST FORM – EMPLOYEE RETURN TO ABOVE ADDRESS

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Norwell Board of Selectmen has been certified by the Criminal History Systems Board (CHSB) for access to conviction and pending criminal case data. As an applicant/employee for _Recreation Staff__, 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.

_____ _____
Applicant / Employee Signature (Unless otherwise preempted by law) 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 MOTHER'S MAIDEN NAME *ID THEFT INDEX PIN
(Requested by not required) if applicable

CURRENT ADDRESS: _____
(# Street, City, State, Zip)

FORMER ADDRESS: _____
(# Street, City, State, Zip)

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: _____

Please attach a photocopy of a government issued photographic identification [ex. driver's license, permit, passport photo IDs. If none of those are available, a high school photo ID is allowed]

*The CHSB Identity Theft Index PIN number is to be completed by those applicants that have been issued such a ID Theft Index PIN number by the CHSB. Certified agencies are required to provide applicant's the opportunity to include this information to assure accuracy of the CORI request process. CORI request including this field must be mailed or faxed to 617-660-4614.

Office use only: REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE