



# Criminal Offender Record Information (C.O.R.I.) and Sexual Offender Record Information (S.O.R.I.) Request Form

## INSTRUCTIONS:

To be completed by the prospective employee, volunteer, mentor, or instructor. **PRINT CLEARLY.**

Role for which you are being considered: \_\_\_\_\_

(i.e.: Instructor, Staff, Mentor, etc.)

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME/ALIAS (IF APPLICABLE)
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PLACE OF BIRTH (City & State)	DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY (LAST 6)
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SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ FT. \_\_\_\_ IN. WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

I.D. THEFT INDEX PIN (IF APPLICABLE)	MOTHER'S MAIDEN NAME
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The CHSB Identify Theft Index PIN Number is to be completed by those applicants who 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.

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

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

(IF RESIDED IN CURRENT ADDRESS LESS THAN 2 YEARS)

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I hereby affirm that all information supplied by me in support of my candidacy is true and complete. I certify that I have never been convicted of a criminal offense. Further, I certify that I have never been arrested for any offense involving sexual misconduct or moral turpitude. I understand that if employed, falsified statements, as part of my application, shall be considered sufficient cause for dismissal. I hereby release and hold harmless Artisans Asylum Inc. and any providers of information about me from any liability which may result.

Signature of Applicant	Date
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*\*PLEASE NOTE THAT A COPY OF A US GOVERNMENT-ISSUED PHOTO ID MUST BE SUBMITTED WITH THIS FORM.*

TO BE COMPLETED BY ARTISANS ASYLUM DESIGNEE ONLY:  
 THE INFORMATION ABOVE WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF U.S. GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:  
 PLEASE CIRCLE ONE DRIVER'S LICENSE/REAL ID, US PASSPORT, SOCIAL SECURITY CARD, BIRTH CERTIFICATE  
 REQUESTED BY: \_\_\_\_\_