OFFICE OF BOARD OF SELECTMEN
TOWN OF NORWELL
345 MAIN STREET P.O. BOX 295 (781) 659-8000
NORWELL, MASSACHUSETTS 02061 FAX (781) 659-7795

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CORI REQUEST FORM

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

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 MOTHERS MAIDEN NAME
(Requested but not required)

CURRENT AND FORMER ADDRESSES: _____

_____

SEX: _____ HEIGHT: ____ft. ____in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVERS LICENSE NUMBER: _____

*THE INFORMATION WAS VERIFIED WITH THE FOLLOWING OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY:_____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE