



TOWN OF PAXTON

Board of Selectmen

697 Pleasant Street, Paxton, MA 01612

508-754-7638 Fax: 508-797-0966

Julia N. Pingitore, Chair,

Kirk R. Huehls, Vice-Chair,

Carol L. Riches, Clerk

Town Administrator: Heather M. Munroe

PAXTON, MA

CHAPTER 6, §172C CORI REQUEST FORM

Town of Paxton is requesting all the available criminal offender record information on the following individual from the Criminal History Systems Board pursuant to Chapter 6 §172C that mandates agencies which employ or accept as a volunteer or refer for employment any individual who will provide care, treatment, education, training, transportation, delivery of meals, instruction, counseling, supervision, recreation or other services in a home or in a community based setting for any elderly person or disabled person or who will have any direct or indirect contact with such elderly or disabled persons or access to such person's files shall obtain all available CORI from the Criminal History Systems Board prior to employing such individual, accepting such individual as a volunteer or referring such individual for employment.

APPLICANT/EMPLOYEE SIGNATURE

(Unless otherwise preempted by law)

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: _____ WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

(Include state of issue)

***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 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