NEHD
New England Homes for the Deaf

CORI REQUEST FORM

New England Homes for the Deaf has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant, employee, or volunteer (circle which), I understand that a criminal record check will be conducted. The results will not automatically disqualify me. The information below is correct to the best of my knowledge.

_____ _____
Applicant/Employee/Volunteer Signature Date

Supervisor in charge of hiring: _____

Applicant/Employee/Volunteer Information

(Please Print Clearly)

_____ _____ _____
*Last Name * First Name Middle Name

_____ *Social Security Number: _____-_____-_____
Maiden Name or Alias (if applicable)

Place of Birth: _____ *Date of Birth: _____-_____-_____

Father's Name _____

Mother's full name (***including maiden name***): _____

Former and Current Addresses: _____
_____
_____

Sex: _____ Height: ____FT____INS. 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 Administrator

*(Indicates information that ***must*** be filled in to file the CORI.)

NURSE AIDE REGISTRY CHECK

Have you worked as a CNA or Nurse in another state ___ yes _____ no. If so, what state?_____

Results: _____ Date: _____ Conducted By: _____

Revised: 2/2018