Diocese of Springfield 65 Elliot Street - P.O. Box 1730 Springfield, Massachusetts 01102

DCSPR CH 385 FE622

HUMAN RESOURCES TEL. 413-452-0683 FAX 413-452-0681

CORI REQUEST FORM REVISED 9/2009

FAX 413-452-0681			
criminal case data including convict	urce Department has been certified by the ion, non-conviction and pending. As an	APPLICANT/EMPLOYEE	for the position of
check will be conducted for convicti disqualify me. The information belo	ion, non-conviction and pending crimina ow is correct to the best of my knowledg	al case information only and that ge.	t it will not necessarily
Organization:	CITY OR	TOWN	
(Indicate name of Parish, School or	Organization)		
Applicant/ Employee Signature		Date	
APPLICAN	T/ EMPLOYEE INFORMA	TION (please print)	
LAST NAME	FIRST NAME:		MIDDLE NAME
MAIDEN NAME OR ALIAS:	DATE OF BIRTH	PLACE OF BIRTH	
SOCIAL SECURITY NUMBE CURRENT ADDRESS: (Canr	R (Optional/not required): not be a Post Office Box)	MOTHER'S MAIDEN	
This form must be accor	npanied by a license or pho	oto I.D. (STATE REC	QUIREMENT)
To be completed by Org	anizational Representative	verifying identificati	on of Employee:
DOCUMENT TITLE:	ISSUING AU Ditographic form of identification)	JTHORITY:	
Expiration Date:	_ID #Heig	htWeight	SEX: M F
CERTIFICATION: I attest, und named employee	er penalty of perjury, that I have exa	mined the document(s) prese	ented by the above-
Signature and Printed Name	e of Church/Organizational Rep	presentative	Date
DEQUESTED DV.			
REQUESTED BY:			

SIGNATURE OF CORI AUTHORIZED EMPLOYEE Peter D. Schmidt, Director of Human Resources