



Town of Arlington

Department of Personnel

730 Massachusetts Avenue, Arlington, MA 02476
Phone (781) 316-3120 Fax: (781) 316-3129

Caryn Cove Malloy
Director of Personnel
Affirmative Action Officer

CORI REQUEST FORM

Arlington Licensing Board 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: ____ - ____ - ____
(REQUESTED BUT NOT REQUIRED)

MOTHER'S MAIDEN NAME _____

FORMER ADDRESS: _____

SEX: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENCE NUMBER: _____

**** THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM
OF GOVERNMENT ISSUES PHOTOGRAPHIC IDENTIFICATION: _____

AGENCY CODE: ARLPD

FEE CODE: CH444

G

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

CHSB USE ONLY

RECORD ATTACHED: _____

NO RECORD: _____