

FRIED EOHHS

_	Applicant/Employee Sign	nature	
Applicant/Employee information	(Please Print)		
Last Name	First Name	Middle Name	Suffix
Maiden Name or Alias (if application	able) Place of Birth	Race	
Date of Birth	Social Security Number	* ID theft Index PIN (If applicable	
Mother's Last Name	First Name	Maiden Name	
Father's Last Name	Father's First Name		
Current and Former Addresses: _			
Sex: Height:ftir	n Weight: Eye	e Color :	
State Drivers License Number :_		_ (include state of issue)	
**The information was verified v	with the following form of gove	rnment issued photographic	identification

The CHSB identity theft index pin number is to be completed by those applicants that have been issued an identity theft 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 request process.









Date:	
This is to verify that	_ submitted the required
(applicant/employee)	
documentation that needs to be submitted for a CORI check.	
This document acknowledges that a CORI check will be conducted by Systems Board.	the Criminal History
Applicants Signature:	
CORI Authorized personnel Signature:	





