



CITY OF SALEM, MASSACHUSETTS  
**LICENSING BOARD**  
 93 WASHINGTON STREET 2<sup>nd</sup> FLOOR  
 SALEM, MA 01970  
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ROBERT M. ST. PIERRE, CHAIRMAN  
 PAUL FLORES  
 RICHARD C. LEE

KIMBERLEY DRISCOLL  
 MAYOR

MELISSA PAGLIARO,  
 CLERK OF THE BOARD

**CORI REQUEST FORM**

**SLMPD G**

Salem Personnel Department has been certified by the CHSB for access to conviction and pending criminal case data. As an applicant for employment or a license for the City of Salem, 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**

\_\_\_\_\_  
**POSITION OR LICENSE APPLIED FOR**

\_\_\_\_\_  
**LAST NAME**

\_\_\_\_\_  
**FIRST NAME**

\_\_\_\_\_  
**MIDDLE NAME**

\_\_\_\_\_  
**MAIDEN NAME or ALIAS, if applicable**

\_\_\_\_\_  
**PLACE OF BIRTH**

**DATE OF BIRTH:** \_\_\_\_\_ **SS#:** \_\_\_\_\_ **PHONE #** \_\_\_\_\_  
 (Last 6 #'s mandatory)

**ID THEFT PIN:** \_\_\_\_\_ (If applicable)\* **EMAIL:** \_\_\_\_\_

**MOTHERS' MAIDEN NAME:** \_\_\_\_\_

**CURRENT AND FORMER ADDRESSES:** \_\_\_\_\_  
 \_\_\_\_\_

**SEX:** \_\_\_\_\_

**HEIGHT:** \_\_\_\_\_

**WEIGHT:** \_\_\_\_\_

**EYE COLOR:** \_\_\_\_\_

**STATE DRIVER'S LICENSE NUMBER:** \_\_\_\_\_

Include state of issue

The information was verified with the following form of Government Issued photographic identification:  
 \_\_\_\_\_

**REQUESTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Signature of CORI authorized employee

\*The CHSB Identity Theft 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. All CORI request forms that include this field are required to be submitted to the CHSB via email or fax to 617-660-4614.