



OFFICE OF THE  
**BOARD OF SELECTMEN**  
**TOWN OF MAYNARD**  
MUNICIPAL BUILDING  
195 MAIN STREET  
MAYNARD, MASSACHUSETTS 01754  
Tel: 978-897-1001 Fax: 978-897-8457

**CORI REQUEST FORM**

MAYLL

Maynard Board of Selectmen has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for \_\_\_\_\_, 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.

\_\_\_\_\_  
Applying for the Position of:

\_\_\_\_\_  
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)

\_\_\_\_\_  
ID Theft Index PIN

\_\_\_\_\_  
Mother's Maiden Name

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Former Addresses: \_\_\_\_\_  
\_\_\_\_\_

Sex: \_\_\_ Height: \_\_\_ ft. \_\_\_ in. Weight: \_\_\_ Eye Color: \_\_\_ State Drivers License Number: \_\_\_\_\_

**THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:** \_\_\_\_\_

Requested by: \_\_\_\_\_

SIGNATURE OF CORI AUTHORIZED EMPLOYEE

\_\_\_\_\_  
CHSB USE ONLY

Record Attached: \_\_\_\_\_

No Record: \_\_\_\_\_