



Hebrew
Rehabilitation
Center

Hebrew SeniorLife

1200 Centre Street, Boston, MA 02131-1097 Tel: 617-325-8000

HRCFA
CH336
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M.G.L c. 6, §172E CORI REQUEST FORM

The Hebrew Rehabilitation Center (HRC) is requesting all the available criminal offender record information on the below named individual from the Criminal History Systems Board pursuant to M.G.L c. 6, §172E, which mandates that long term care facilities complete background checks on current or prospective employees who will provide **direct personal care** and treatment to residents of said facility.

APPLICANT/EMPLOYEE SIGNATURE (Unless otherwise preempted by law)

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT **CLEARLY**)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER
(Requested, not required)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES

ID Theft Index PIN (if applicable)

SEX:

HEIGHT: ___ ft. ___ in.

WEIGHT: _____

EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER:

(Include state of issue)

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

FOR OFFICE USE ONLY

REQUESTED BY:

SIGNATURE OF CORI AUTHORIZED EMPLOYEE

HEBREW REHABILITATION CENTER

CORI CHECK

As a prospective employee I understand that a CORI (Criminal Offender Record Information) check will be conducted. In the event that an offer is extended prior to HRC receiving the results from the CORI check, I understand that my employment is conditional until HRC receives the results.

Name (printed)

Signature

Date

NOTIFICATION AND RELEASE

Sales Representative Customer Service

Company Name Hebrew SeniorLife, Inc

Access ID _____ BeeCheck ID 0000105993357700

CAC Code EB77

The information contained in my application for employment with (company name) Hebrew SeniorLife, Inc (hereinafter, "The Company") is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by The Company shall result in The Company not employing me or, if employed, terminating my employment. I understand and agree that all information furnished in my application and all attachments may be verified by The Company or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give The Company all information relative to such verification and hereby release such individuals, organizations and The Company from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by The Company that The Company may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record, drug testing and criminal convictions or arrest records if allowed, in order to assist The Company in making certain employment decisions. I further acknowledge notification by The Company that reports may be provided to The Company by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge The Company, its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against The Company, its parent, affiliates or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. The Company agrees to inform you if an employment decision has been influenced by information contained in a consumer report, made at our request by Castle Branch Inc. You may obtain a free copy of the report within sixty days by calling Castle Branch Inc. collect at (910) 815-3880 or toll free at (888) 520-0520. The Company will make available to you "A Summary of Your Rights Under The Fair Credit Reporting Act."

PLEASE PRINT

Name (First, Middle, Last) _____ Date of Birth (mo/day/yr) _____ / _____ / _____

Maiden Name or "AKA" (First, Middle, Last) _____ Dates Used (yr) from _____ to _____

Social Security # _____ Driver's License # _____ State _____

Current and previous address(es). PROVIDE ALL ADDRESSES FOR PREVIOUS 7 YEARS. (Use extra page if necessary)

Street _____ From _____

City, State, Zip, County _____ To _____

Street _____ From _____

City, State, Zip, County _____ To _____

Street _____ From _____

City, State, Zip, County _____ To _____

Applicant Signature _____ Date _____

signature required

For Employer Use Only: Please mark (✓) the searches to be conducted:

Contact Raquel Irons

Email riron@hrca.harvard.edu

Phone 617-363-8471

Fax _____

☐ Standard Package

☐

☐

Notes

Residency History

NW-Federal Criminal

Additional states outside of MA will be searched.

Fax to (910) 815-3881 or call (910) 815-3880