



**M.V.A.E.M.T**  
Martha's Vineyard Association  
of EMTs

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## CORI REQUEST FORM

The Dukes County Sheriff's Office has been certified by the Criminal History Systems Board for access to Conviction and pending criminal case data. As an applicant/employee for the Martha's Vineyard Association of EMTs, 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.

\_\_\_\_\_  
Application/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

FORMER ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

SEX: \_\_\_\_ HEIGHT: \_\_\_\_ ft. \_\_\_\_ in. WEIGHT: \_\_\_\_ EYE COLOR : \_\_\_\_

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

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

REQUESTED BY: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE