



# Simmons University

## College of Natural, Behavioral, and Health Sciences

*Department of Nursing*

**CBRCH**

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**SMCLG**

### CORI REQUEST FORM

Castle Branch, Inc. has been certified by the Criminal History Systems Board as a background check company and may access and receive CORI from this agency for the purpose of screening otherwise qualified individuals for client agencies or companies to the same extent as the client agency or company is authorized to receive CORI by the CHSB.

As an applicant/employee for the position of Nursing Student at Simmons University – Nursing Department, I understand that a criminal record check will be conducted by Castle Branch, Inc. and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Dated: \_\_\_\_\_

\_\_\_\_\_  
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 (Required)

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

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

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