

DISCLOSURE

In connection with your application for employment with **Boston Medical Center** or if you become employed here, at any time during your employment with **Boston Medical Center** a consumer report on you may be obtained for employment purposes.

By signing the attached acknowledgement and authorization, you authorize **Boston Medical Center** to procure a consumer report on you to be used for employment purposes now and at any time during your employment with **Boston Medical Center**, should you become employed here.

CORI REQUEST FORM

PT Research, Inc. has been certified by the Criminal History Systems Board as a background check company and may access CORI 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 CHSB.

As an applicant/employee for the position of _____ at **BOSTON MEDICAL CENTER**, 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.

(Prospective) Employee/Volunteer Signature

Date

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 (if applicable*)

MOTHER'S MAIDEN NAME

CURRENT 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

*The CHSB Identity Theft Index 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 mail or by fax to 617-660-4614.

**Consumer Report / Investigative Consumer Report
Disclosure and Release of Information Authorization**

In conjunction with my application for employment, volunteer work, externship, or non-Boston Medical Center employment, I authorize **Boston Medical Center** and **PT Research, Inc.**, a consumer-reporting agency, to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, relating to my past activities, to supply any and all information concerning my background, and release the same from any liability resulting in providing such information. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving history, and criminal history records. I understand that this information may be transmitted electronically and authorize such transmission.

I understand that a Consumer Report or Investigative Consumer Report ("Consumer Report") may be prepared summarizing this information. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics and/or mode of living. I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand that I have the right to inspect those files with reasonable notice during regular business hours and that I may be accompanied by one other person. The consumer reporting agency is required to provide someone to explain the contents of my file. I understand that proper identification will be required and that I should direct my request to: **PT Research Inc., PO Box 4540, Manchester, NH 03108 Phone 1-866-737-2714**

Are you applying for a VOLUNTEER position? ___ YES ___ NO

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment. Further, I understand that by requesting this information, no promise of employment is being made. *I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that if offered a position by Boston Medical Center, this authorization will remain in effect throughout such employment, volunteer period, externship, or non-employment.*

Signature

Social Security Number

Date

NOTE: The following information is provided voluntarily and IS NOT considered as part of your application. It is used only for identification purposes in verifying information on your Application for employment, volunteer work, externship, or non-employment.. PLEASE PRINT CLEARLY.

Last Name

First Name

Middle Name

Street Address

City

State

ZIP

Driver's License Number

State of License

Expires On

Date of Birth

List any other CITIES AND STATES in which you have lived during the previous 7 years.

List any other LAST NAMES you have used during the previous 7 years.

List any other LAST NAMES under which you received your GED, high school diploma, or other degrees.

Email Address

Daytime Phone Number

(PT Research may use this information to contact you in the event we need further information to complete your pre-employment background check report).

REVISED 052009

OFFICE USE ONLY:

REFERENCE: _____

PROFESSIONAL LICENSE

LICENSE TYPE: _____ STATE: _____ LICENSE NUMBER: _____



EXCEPTIONAL CARE. WITHOUT EXCEPTION.



Last Name, First Name, MI:

Social Security Number:

Date of Birth:

Position/Job Title:

Former last name(s) used while attending educational institution (if applicable):

HIGHEST LEVEL OF EDUCATION COMPLETED:

Name of School:	City/State:	
Dates Attended: to	Did you graduate? Y / N	Date:
Degree Received:	Major Course of Studies:	

PAST EMPLOYMENT

Company Name 1 (Most Recent):	City/State:
Dates of Employment: to	Title:
Final Salary:	Supervisor Name:

Company Name 2 (Previous):	City/State:
Dates of Employment: to	Title:
Final Salary:	Supervisor Name:

HR Use Only:

_____ Initial here to approve overseas Education Verification

_____ Initial here to approve overseas Employment Verification