



VICTORY
PROGRAMS

opening doors to recovery and hope

EOHHS
XVICTP

CORI REQUEST FORM

Victory Programs, Inc. has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for the position of _____, 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.

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)

MOTHER'S MAIDEN NAME

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