

# LYONS AMBULANCE SERVICE, LLC

Since 1904

135 MAPLE STREET,  
DANVERS, MASSACHUSETTS 01923

Station Locations:

Beverly, Massachusetts  
Gloucester, Massachusetts

Emergency Telephones:

(978) 774-1500  
(978) 356-1500  
(978) 922-1500  
(978) 283-1500

Business Telephones:

(978) 774-1133  
(978) 774-8002  
FAX Telephone  
(978) 777-2603

[www.lyonsambulance.com](http://www.lyonsambulance.com)

[LNSAS]  
[§]

Lyons Ambulance Service LLC has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for \_\_\_\_\_, 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  
(Unless otherwise preempted by law)

\_\_\_\_\_  
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, not required)

\_\_\_\_\_  
ID Theft Index PIN  
(if applicable)

\_\_\_\_\_  
MOTHERS MAIDEN NAME

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

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

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_  
(include state of issue)

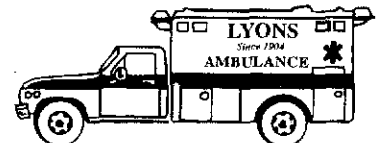
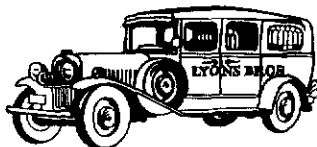
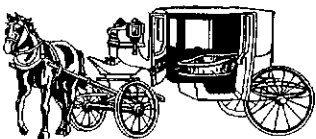
\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: \_\_\_\_\_

REQUESTED BY: DeAnn Lyons  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

\*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued and Identity Theft Index 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.

## Over a Century of Excellence



Member of: Massachusetts Ambulance Association and American Ambulance Association  
Associate Member of: Massachusetts Extended Care Federation