MUST BE FILLED OUT LEGIBLY!

CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

The City of Melrose is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the City of Melrose to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the City of Melrose with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The City of Melrose may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, the City of Melrose must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

_________________________________________  ___/___/____
PRINT DATE

_________________________________________
SIGNATURE

Please Mail, Hand Deliver or Fax this form directly to the Department you are applying to or volunteering with.
City of Melrose, 562 Main Street, Melrose, MA 02176 – DO NOT SCAN/EMAIL

October 18, 2012
CORI INFORMATION PAGE
Please PRINT legibly and COMPLETE all sections

Department & Position you are submitting for:________________________________________

Circle One: Applicant for: EMPLOYMENT VOLUNTEER INTERN
Current: EMPLOYEE VOLUNTEER INTERN

Last Name First Name Middle Name
Maiden Name (or other name(s) by which you have been known) ___________________________

/__/____/________
Date of Birth Place of Birth

Last Six (6) Digits of Your Social Security Number: _______ - _________

Sex: _____ Height: ___ ft. ___ in. Eye Color: _______ Race: _______________

Driver’s License or ID Number: __________________________ State of Issue: _________

Mother’s Full Name: __________________________

Mother’s Maiden Name: __________________________

Father’s Full Name: __________________________

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

FOR OFFICE USE ONLY: To Be Completed By Department Supervisor
The above information was verified by reviewing the following form(s) of valid government issued identification (photo copy of ID attached):

_________________________________________/__/____
Name of Verifying Supervisor (Please Print) Signature of Verifying Supervisor Date

October 18, 2012