Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

Burlington Parks & Recreation Department is registered under the provisions of M.G.L. c.6, § 172 tc 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 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 with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The may conduct subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that with written notice of this check.

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

__________________________    _____________________________
Signature of CORI Subject            Date

Contact Information

Email Address: ____________________________

Phone Number: ____________________________    Check one:   ___ Staff    ___ Volunteer

1
SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting. The fields marked with an asterisk (*) are required fields.

* Program: ____________________________

* First Name: ____________________________ Middle Initial: ____________

* Last Name: ____________________________ Suffix (Jr., Sr., etc.): ____________

Former Last Name 1: ____________________________________________

Former Last Name 2: ____________________________________________

Former Last Name 3: ____________________________________________

Former Last Name 4: ____________________________________________

* Date of Birth (MM/DD/YYYY): ____________________ Place of Birth: ____________

* Last SIX digits of Social Security Number: _______ ___ ___ ___ ___  □ No Social Security Number

Sex: ____________ Height: ______ ft. ______ in. Eye Color: ____________ Race: ______

Driver’s License or ID Number: ____________________________ State of Issue: ____________

Father’s Full Name: ____________________________

Mother’s Full Name: ____________________________

Current Address

* Street Address: ____________________________

Apt. # or Suite: _______  *City: ____________________________  *State: _______  *Zip: _______

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

________________________________________

________________________________________

Verified by:

________________________________________

Print Name of Verifying Employee

________________________________________

Signature of Verifying Employee    Date