CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Sharon Recreation Department is registered and 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, and current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant, or licensees, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services (DCJIS). I herby acknowledge and provide permission to the Sharon Recreation Department to submit a CORI check for my information to the DCJIS. This authorization is valid for one year form the date of my signature. I may withdraw this authorization at any time by providing the Sharon Recreation Department written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER AND LICENSING PURPOSES ONLY:

The Sharon Recreation Department may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that the Sharon Recreation Department 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 this Acknowledgement Form is true and accurate.

_____   _____

Signature   Date

SUBJECT INFORMATION: (an asterisk (*) denotes a required field)

_____

*Last Name   *First Name   Middle Name   Suffix

_____

Maiden Name (or other name(s) by which you have been known)

_____   _____

*Date of Birth   Place of Birth

*Last Six 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 Maiden Name   Father's Full Name

Current and Former Addresses:

_____

Street Number & Name   City/Town   State   Zip

_____

Street Number & Name   City/Town   State   Zip

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

_____   _____

_____   _____

Name of Verifying Employee   Signature of Verifying Employee