

Town of Stoneham

Office of the Town Administrator

35 Central Street
Stoneham, MA 02180



Human Resources
(781) 279-2620

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Stoneham Municipal Government is registered under the provisions of M.G.L.c.6, §172 to receive Criminal Offender Record Information (CORI) for the purpose of screening prospective and current employees, subcontractors, volunteers, interns, professional licensing applicants, current licensees and those individuals who currently lease, or apply to lease, Town-owned property.

Criminal Offender Record Information (CORI) Check Authorization Form

Print Name of Applicant: _____ as a:

- Prospective or current employee
- Volunteer or Intern: Position applying for: _____
- Professional Licensing Applicant Subcontractor Current Licensee
- Applicant for the leasing of Town-owned property

I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services (DCJIS).

I hereby acknowledge and provide permission to the **Town of Stoneham** 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 Town of Stoneham with written notice of my intent to withdraw consent to a CORI check.

I understand that the Town of Stoneham may conduct subsequent CORI checks within one year of the date this form was signed by me; however, prior to conducting a subsequent CORI check(s), the Town of Stoneham must first provide me with a written notice.

By signing below, I am providing my consent to a CORI check and acknowledge that the information provided on page two of this Acknowledgement Form is true and accurate.

→ _____
Applicant's Signature

→ _____
Date Signed

Criminal Offender Record Information (CORI) Check Acknowledgement Form

Applicant Information - Applicant must complete this section

<hr/> Last Name	<hr/> First Name	<hr/> Middle Name	<hr/> Suffix
<hr/> Your Maiden Name	<hr/> List any other name(s) by which you have been known		
<hr/> Date of Birth (Month/Day/Year)	<hr/> Place of Birth (City and State)	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
The last 6 numbers of your Social Security #: XXX - _____ - _____ Race: _____			
<hr/> Mother's Full Maiden Name:	<hr/> Father's Full Name		
Your Current Address:	<hr/>		
	Street Number & Name	City/Town	State Zip
Your Former Address:	<hr/>		
	Street Number & Name	City/Town	State Zip
Your Former Address:	<hr/>		
	Street Number & Name	City/Town	State Zip
If you are a victim of identity theft, please include your ID Theft Index PIN Number: _____			

Verification of acceptable forms of Government issued identification

This Section to be completed by the verifying Town Employee

Applicant's Height: _____ Feet: _____ Inches	Eye Color: _____
State issued Driver's License: State of Issue: _____ License # _____ Expiration: _____	
or	
State issued ID with photograph: State of Issue: _____ ID# _____ Expiration: _____	
or	
A Valid Passport: Country of Issue: _____ Passport # _____ Expiration: _____	

I have verified the applicant's identity by examining one of the above acceptable forms of government-issued identification. A photocopy of document is attached.

Signature of Verifying Town Employee → _____	Date: _____
Signature of Authorized CORI Official → _____	Date: _____