Arlington Street, Suite 2200, Chelsea, MA 02150

TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973 MASS.GOV/CJIS



# Criminal Offender Record Information (CORI) Acknowledgement Form



To be used by organizations conducting CORI checks for employment licensing purposes.

 is registered under the

(Organization)

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.

As a prospective or current employee, subcontractor, volunteer, license applicant current licensee I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

(Organization)

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 

(Organization)

with written notice of my intent to withdraw consent to a CORI check.

 may conduct

(Organization) subsequent CORI checks within one year of the date this Form was signed by me

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*

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Please complete this section using the information of the person whose CORI you are requesting.

The fields marked with an asterisk (\*) are required fields.

**SUBJECT INFORMATION**

* 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*

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## are the final candidate for a position.

**Criminal Records Disclosure Form**

## Criminal Offender Record Information (C.O.R.1) and Sex Offender Registry Information (5.O.R.1.)

**Have you been convicted of a felony?** □Yes □No

(Conviction will not necessarily disqualify an applicant from employment.) If yes, please explain.,.,

**Have you been convicted of a misdemeanor other than a first misdemeanor conviction for drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace within the last 3**

**years?** □Yes □No

(Conviction will not necessarily disqualify an applicant from employment.) If yes, please explain.'

'' *An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances, or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.*

*An applicant for employment with a record expunged pursuant to section JOOF, section JOOG, section 1OOH, or section JOOK of chapter 276 of the General Laws may answer "no record" with respect to an inquiry herein*

*relative to prior arrests, criminal court appearances, or convictions. An applicant for employment with a record expunged pursuant to section 1OOF, section JOOG, section JOOH, or section 1OOK of chapter 276 of the General Laws may answer "no record" to an inquiry herein relative to prior arrests, criminal court appearances,juvenile court appearances, adjudications. or convictions.*

I certify under the pains and penalty of perjury that all statements made by me on this form are true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would affect this application unfavorably. I understand that any false statements, omissions, or incomplete answers made by me on my employment application may result in my immediate termination.

Signature of Applicant Date

EHS-Criminal-Records-Disclosure (04-20)

# you are the final candidate for a position.

**Criminal Records Notification Form**

If employed, I agree to abide by all rules and regulations of the Commonwealth. I understand if convicted of a felony, I will notify my supervisor immediately. I agree to furnish such additional information and complete such examination as may be required to complete an employment process and understand that this application for employment in no way obligates the Commonwealth to employ me. I acknowledge that the Commonwealth will, if applicable, review the Criminal Offender Record Information (C.O.R.I.), Sex Offender Registry Information (S.O.R.I.) and the Central Registry of Child Abuse/Neglect reports in accordance with M.G.L., Chapter 119, Section 51B.

I certify under the pains and penalty of perjury that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would affect this application unfavorably. I understand that any false statements, omissions, or answers made by me on this application can result in my immediate termination.

**I hereby acknowledge that I have read in full and understand the above statement.**

Signature of Applicant Date

Printed Name

EHS-Criminal-Records-Notification(04-20)

**THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY**

**Department of Criminal Justice Information Services** 200 Arlington Street, Suite 2200, Chelsea, MA 02150

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**Authentication of Signature** Please note that ALL fields in this section must be completed by the Notary Public. This section does not need to be completed if you are currently incarcerated; please proceed to the next section.

On this day of , 20 , before me, the undersigned Notary Public, personally appeared

(name of CORI requestor) and proved to me through satisfactory evidence of identification, which was (Ex: Driver’s license, passport, etc.), to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he)(she) signed it voluntarily for its stated purpose.

*Signature of Notary Public* (Notary stamp or seal is also required) *Date my Commission expires*

**Correctional Facility Information**

If you are currently incarcerated, a correctional facility official MUST complete the following section.

*Name and rank of Correctional Facility Official (Please print.) Phone Number*

*Address of Correctional Facility*

*Signature of Correctional Facility Official Date*

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