

**Do not complete until you are notified that
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