

TOWN OF CANTON, MASSACHUSETTS



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Criminal Offender Record Information (CORI) Acknowledgement Form

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

The Town of Canton is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors and volunteers.

As a prospective or current employee, subcontractor or volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to The Town of Canton 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 Canton with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Town of Canton may conduct subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that The Town of Canton, must first provide me 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

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.

* First Name: _____ Middle Initial: _____
* Last Name: _____ Suffix (Jr., Sr., etc.): _____
Former Last Name: _____
* 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 – HR Department Use Only *****

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