



NEW HIRE CHECKLIST FOR ELECTION HELPERS

Employee Name: _____

Start Date: _____

Address: _____

Social Security Number: _____

Use this Checklist to ensure that you **complete all forms** and **bring all required information** on your first day of orientation with the Election's Department. **You cannot get paid without providing all of the requested information.**

You are not required to, but if you prefer to have taxes taken out, let us know and we will provide you with the form. **Questions?** E-mail hrossi@cityofmelrose.org.

Please do not print double-sided.

<u>New Hire Forms:</u>	<u>COMPLETE AT HOME</u>
	1. CORI form completed with a copy of Driver's License
	2. Direct Deposit form with supporting account verification
	3. Demographics form
<u>Bring on Orientation Day</u>	1. Completed packet (or e-mail packet to Elections Admin.)
	2. Social Security Number
	3. Voided check OR a bank printout with account/routing #s
	4. Current Driver's License (for CORI)

THANK YOU!



City of Melrose

New Hire Demographics Form

The City Of Melrose is an Equal Opportunity/ Affirmative Action Employer. The information below is kept confidential and is requested solely for the purposes of compliance with applicable Federal and State reporting and regulations.

Today's Date: _____

Employee Name: _____

Department: _____

Job Title: _____

Date of Birth: _____

Phone Number: _____

General Demographics

Gender: _____

Highest Degree: _____

Marital Status: _____

Melrose Resident: _____

Veteran? _____

EEO-4: ¹⁵ _____

EEO Information

DOE Ethnicity: _____

DOE Race: _____

- ☐ Asian
- ☐ Black
- ☐ Caucasian
- ☐ Hispanic
- ☐ American Indian
- ☐ Other

- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black / African American
- ☐ Native Hawaiian/ Pacific Island
- ☐ White

PLEASE RETURN TO HUMAN RESOURCES DEPARTMENT.



CITY OF MELROSE

Office of Treasurer-Collector

Authorization Agreement for Preauthorized Deposits (ACH Credits 9900)

MANDATORY

**Please attach an official document verifying
your account and routing numbers.**

(Voided check, letter from the bank, online banking printout, etc.)

I authorize CITY OF MELROSE hereafter called COMPANY to initiate credit entries and to, if necessary, debit entries and adjustments for any credit entries in error to my (select one) CHECKING _____, SAVINGS _____ account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository Name (Bank): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Transit/ABA #: _____ **Account #:** _____

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name: _____ **Employee #:** _____
(please print) (optional)

Date: _____ **Signature:** _____



CITY OF MELROSE

Legal Department

MUST BE FILLED OUT LEGIBLY!

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER,
SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

The **City of Melrose** 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, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the **City of Melrose** 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 **City of Melrose** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The **City of Melrose** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, the **City of Melrose** 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 Page 2 of this Acknowledgement Form is true and accurate.

PRINT

____/____/____
DATE

SIGNATURE

Please Mail, Hand Deliver or Fax this form *directly* to the Department
you are applying to or volunteering with.
City of Melrose, 562 Main Street, Melrose, MA 02176 – **DO NOT SCAN/EMAIL**

CORI INFORMATION PAGE

Please PRINT legibly and COMPLETE all sections

Department & Position you are submitting for: _____

Circle One: Applicant for: EMPLOYMENT VOLUNTEER INTERN

Current: EMPLOYEE VOLUNTEER INTERN

Last Name First Name Middle Name

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

_____/_____/_____
Date of Birth Place of Birth

Last Six (6) 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 Name: _____

Mother's Maiden Name: _____

Father's Full Name: _____

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

FOR OFFICE USE ONLY: *To Be Completed By Department Supervisor*

The above information was verified by reviewing the following form(s) of valid government issued identification (photo copy of ID attached):

Name of Verifying Supervisor (Please Print)

Signature of Verifying Supervisor

_____/_____/_____
Date