



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
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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
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Street Name & Name	City/Town	State	Zip
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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