TOWN OF NEEDHAM
TOWN HALL
1471 Highland Avenue
Needham, MA 02492-2669

Town Manager
Human Resources Department

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CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

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

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The Town of Needham may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Town of Needham 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 the reverse side of this Acknowledgement Form is true and accurate.

_____ _____

SIGNATURE DATE

☐ **Electronic Signature** - By clicking this you agree that the electronic signature appearing above is the same as handwritten signature for the purposes of validity, enforcability and admissibility.

SUBJECT INFORMATION:

_____

Last Name First Name Middle Name Suffix

_____

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

_____ _____

Date of Birth Place of Birth

Last Six Digits of Your Social Security Number : _____ - _____

Sex: _____ Height: ___ ft. ___ ins. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

_____ _____

Parent 1 Full Name Parent 2 Full Name

Current and Former Addresses:

_____

Street Number & Name City/Town State Zip

_____

Street Number & Name City/Town State Zip

_____

The above information was verified by reviewing the following form(s) of government issued identification:

_____

_____

VERIFIED BY: _____

Name of Verifying Employee (Please Print)

_____

Signature of Verifying Employee

☐ **Electronic Signature** - By clicking this you agree that the electronic signature appearing above is the same as handwritten signature for the purposes of validity, enforcability and admissibility.