



Town of Ashland, Massachusetts

Human Resources

101 Main Street, Ashland, MA 01721-1191

(508) 881-0100 Ext. 7910

Lisa Ugliarolo, Director

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

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

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The Town of Ashland may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Town of Ashland 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

Date: _____

CORI REQUEST FORM

As an applicant/employee for the position of _____, I understand that a criminal record check will be conducted and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

Last Name

First Name

Middle Name

Maiden Name or Alias

Current Address: _____

Former Address: _____

Date of Birth: _____

Social Security Number:
(last 6 required)

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Father's Full Name: _____

Mother's Full Name: _____

Maiden Name _____

Driver's License Number: _____

State Issued: _____

* The information was verified with the following form of Government issued photographic identification: _____

* Signature of CORI Authorized Employee: _____

Lisa Ugliodoro, HR Director