



Town of Ashland, Massachusetts

Recreation Department

162 West Union Street, 01721-1191
(508) 881-0140 x. 2 (508) 532-8092 (fax)

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Criminal Offender Record Information Acknowledgement Form

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

Ashland Recreation Department 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 and subcontractors.

As a prospective or current employee, subcontractor, volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **Ashland Recreation Department** to submit a CORI check for my information to DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **Ashland Recreation Department** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT AND VOLUNTEER PURPOSES ONLY:

The **Ashland Recreation Department** may conduct subsequent CORI checks within one year of the date this form was signed by me, provided however, that **Ashland Recreation Department** 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



Town of Ashland, Massachusetts

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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 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last SIX digits of Social Security Number XXX-____-____ 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: _____ Mother's Maiden Name: _____

Current Address

* Street Address: _____ Apt. # or Suite: _____

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

Subject Verification

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