



TOWN of BROOKLINE
Massachusetts

Notary Public

CORI ACKNOWLEDGMENT FORM

I am a: (please check one)

- New Hire** - Position: _____ Department: _____
- Volunteer** - Position: _____ Department: _____
- Current Employee** - Position: _____ Department: _____
- Contractor** - Company Name _____

The Town of Brookline 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 licenses, 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 Brookline 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 Brookline with written notice of my intent to withdraw consent to a CORI check. For employment, volunteer, and licensing purposes only: The Town of Brookline may conduct subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that The Town of Brookline 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 this Acknowledgment Form is true and accurate.

New Hire/Employee/Volunteer/Contractor Signature

Today's Date

Applicant/Volunteer/Employee/Contractor Information (Please Print)

Last Name: _____ First Name: _____ MI: _____

Current Address: _____ Telephone: _____

Former Address(es): _____

Maiden Name or Alias (If Applicable): _____ Place of Birth: _____

Date of Birth: _____ **LAST 6 DIGITS** of Social Security Number: ____ - ____ - ____

Sex: _____ Height: _____ ft. _____ in. Race: _____ Eye Color: _____

State Driver's License Number (Include State) _____ ID Theft Index PIN*: _____

List any other name(s) or dates of birth that appear in DCJIS's database: _____

Mother's Full Maiden Name: _____ Father's Name: _____

*The Identify Theft Index PIN Number is not required and only for those applicants who have been issued an Identity Theft Index PIN Number by the DCJIS. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the Accuracy of the CORI request process.

*****For Official Use Only*****

I certify that the foregoing person was identified in conformity with Town Policy using the following form of

acceptable government-issued identification: Drivers License/ID Passport Military ID

Other ID: (i.e. Government Issued Birth Certificate, List ID Type) _____

Signature of CORI-Authorized Employee: _____ Date: _____

Name and Position of CORI-Authorized Employee: _____