

CORI ACKNOWLEDGEMENT FORM

I am an: (please check one)

- Applicant for Employment Position: _____ Department: _____
- Employee Position: _____ Department: _____
- Applicant for Licensure License Sought: _____
- Current Licensee License Held: _____
- Volunteer Position: _____ Department: _____
- Contractor Company Name: _____

The City of Gloucester is registered under the provision of M.G.L. Chapter 6, §172 to receive CORI for purpose of screening current and otherwise qualified prospective employees, contractors, volunteers, license applicants and current licensees. As a prospective or current employee, license holder, contractor or volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS (and in the case of certain applicants subject to fingerprint-based background checks, to the FBI). I hereby acknowledge and provide permission to the City of Gloucester to submit a CORI check for my information. 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 Gloucester with written notice of my intent to withdraw consent to a CORI check.

For employment, volunteer and licensing purposes only: The City of Gloucester may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the City of Gloucester must first provide me with written notice of this check 72 hours in advance. By signing below, I provide my consent to a CORI check and acknowledge that the information provided on this Acknowledgement Form is true and accurate.

Applicant/Employee/Licensee/Volunteer/Contractor Signature Date

Please Print

Last Name: _____ First Name: _____ Middle Name: _____

Current Address: _____

Former Address/Addresses: _____

Maiden Name/Alias (if applicable): _____ Place of Birth: _____

Date of Birth: _____ Last 6 digits of Social Security Number: ____ - ____ Sex: ____ Race: ____

Height: ____ ft. ____ in. Eye Color: _____ State Driver's License Number (include state): _____

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

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

ID Theft Index Pin: _____ *(The Identity 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 City Policy using the following form of acceptable government issued identification (circle one): State Driver's License, State Issued ID with Photo, Passport, U.S. Military ID, High School ID Card, or Other (obtain supervisory approval if circling other).

Signature of CORI Authorized Employee: _____ Position: _____ Date: _____