



Town of Wrentham
Wrentham, MA 02093

Criminal Offender Record Information (CORI) Acknowledgement Form

The Town of Wrentham is registered to receive CORI for the purpose of screening current and otherwise qualified prospective employees. As a prospective employee, 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 Wrentham, Massachusetts (the "Town") to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. The Town may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that Town will first provide me with written notice of this check. I may withdraw this authorization at any time by providing the Town with written notice of my intent to withdraw consent to a CORI check.

By signing below, I provide my consent to a CORI check and acknowledge that the information I have provided on this CORI Acknowledgement Form is true, accurate and complete.

Signature

Date

Please Accurately And Completely Provide The Following Information (print clearly in ink or type, and attach additional sheets as necessary):

First Name

Middle Name

Last Name

Suffix

Previous Name(s) Or Alias(es) (Include Maiden name): _____

Current Residential Address (physical address, not a Post Office Box):

Number

Street

City/town

State Zip Code

Mailing Address (if different):

Address

City/town

State Zip Code

In the past ten (10) years, have you resided in another state? If yes, where and when?

City/town

State

Dates

Last six digits of Social Security Number (requested, not required): _____

Drivers license number and state of issuance: _____

Date of Birth: _____

Place of Birth: _____

Gender: ____ Height: ____ft. ____in.

Eye Color: _____ Race: _____

Mother's Full Maiden Name:

First Name

Middle Name

Last Name

Suffix

Father's Full Name:

First Name

Middle Name

Last Name

Suffix

By signing below, I provide my consent to a CORI check and acknowledge that the information I have provided on this CORI Acknowledgement Form is true, accurate and complete.

Signature

Date

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TO BE COMPLETED BY A TOWN REPRESENTATIVE:

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

Form of Identification

Issued by

Expiration Date

Form of Identification

Issued by

Expiration Date

VERIFIED BY:

Name of Verifying Employee (please print)

Signature of Verifying Employee

Date