



Haverhill

Human Resources Department, Room 306
Denise McClanahan, HR Director – dmcclanahan@cityofhaverhill.com
Sheila Pelczar, HR Technician – spelczar@cityofhaverhill.com
HR: (978) 374-2357 - Benefits: (978) 374-2311 - Fax: (978) 374-2343

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

The City of Haverhill is recognized 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 **CITY OF HAVERHILL** 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 **CITY OF HAVERHILL** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER AND LICENSING PURPOSES ONLY: The **CITY OF HAVERHILL** may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that the **CITY OF HAVERHILL** 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 Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date



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SUBJECT INFORMATION:

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

Maiden Name (or other name(s) by which you have been known)

DATE OF BIRTH PLACE OF BIRTH LAST SIX DIGITS OF SSN

SEX: _____ HEIGHT: _____ ft. _____ in. EYE COLOR: _____ RACE: _____

DRIVER'S LICENSE OR ID NUMBER: _____ STATE OF ISSUE: _____

MOTHER'S MAIDEN NAME FATHER'S FULL NAME

CURRENT AND FORMER ADDRESSES:

STREET NUMBER & NAME CITY/TOWN STATE ZIP

STREET NUMBER & NAME CITY/TOWN STATE ZIP

STREET NUMBER & NAME CITY/TOWN STATE ZIP

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

VERIFIED BY:

Name of Verifying Employee (Please Print)

Signature of Verifying Employee Department

CORI FORM – Applicant/Employee