The Town of Wellesley 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 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 Town of Wellesley 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 Wellesley with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:
The Town of Wellesley may conduct subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that the Town of Wellesley 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
The fields marked with an (*) 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: ___ ___ ‐‐ ___ ___ ___ ___ ☐ 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: ______________________________________________________________________

Current Address

* Street Address: _________________________________________________________________________

Apt. # or Suite: _____________ *City: __________________________ *State: _______ *Zip: _______

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