



Town of Belmont

Recreation Department
Brandon Fitts, Director of Recreation
617-993-2760
recreation@belmont-ma.gov

CRIMINAL OFFENDER RECORD INFORMATION (CORI)

BELMONT RECREATION DEPARTMENT 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. **BELMONT RECREATION DEPT** has authorized **BELMONT RECREATION DEPT** to submit CORI checks to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

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 **BELMONT RECREATION DEPARTMENT** 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 **BELMONT RECREATION DEPT** with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact **BELMONT RECREATION DEPT** to request this information.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The **BELMONT RECREATION DEPT** on behalf of **BELMONT RECREATION DEPT** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **BELMONT RECREATION DEPT** 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.

DATE

SIGNATURE

SUBJECT INFORMATION

PLEASE PRINT NEATLY:

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 Your Social Security Number: _____

Sex: ____ Height: ____ft. ____in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name _____

Father's Full Name _____

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

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

VERIFIED BY: _____

Name of Verifying Employee (Please print)

Signature of Verifying Employee _____