



**TOWN of BROOKLINE**  
*Massachusetts*

**CORI ACKNOWLEDGMENT FORM**

I am a: (please check one)

<input type="checkbox"/>	New Hire - Position: _____	Department: _____
<input checked="" type="checkbox"/>	Volunteer - Position: _____	Department: _____
<input type="checkbox"/>	Current Employee - Position: _____	Department: _____
<input type="checkbox"/>	Contractor - Company Name: _____	

The Town of Brookline 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 licenses, 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 Brookline 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 Brookline with written notice of my intent to withdraw consent to a CORI check. For employment, volunteer, and licensing purposes only: The Town of Brookline may conduct subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that The Town of Brookline 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 this Acknowledgment Form is true and accurate.

\_\_\_\_\_  
New Hire/Employee/Volunteer/Contractor Signature                      Today's Date

**Applicant/Volunteer/Employee/Contractor Information (Please Print)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Current Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Former Address(es): \_\_\_\_\_

Maiden Name or Alias (If Applicable): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ LAST 6 DIGITS of Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Race: \_\_\_\_\_ Eye Color: \_\_\_\_\_

State Driver's License Number (Include State) \_\_\_\_\_ ID Theft Index PIN\*: \_\_\_\_\_

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

\_\_\_\_\_  
Mother's Full Maiden Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

\*The Identify 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 Town Policy using the following form of acceptable government-issued identification:    ☐ Drivers License/ID    ☐ Passport    ☐ Military ID

☐ Other ID: (i.e. Government Issued Birth Certificate, List ID Type) \_\_\_\_\_

Signature of CORI-Authorized Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Position of CORI-Authorized Employee: \_\_\_\_\_