



## *Assisted Living Center ~ Salisbury*

*"A Community Built on a Lifetime of Experiences"*

19 Beach Road • Salisbury, Massachusetts 01952

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# **MASSACHUSETTS CRIMINAL OFFENDER RECORD INFORMATION (CORI) & AUTHORIZATION FOR BACKGROUND CHECKS SCREENING & SELECTION**

Please complete all information in this document and return with your Application for Career Opportunity & two (2) government identification documents for verification.



**Criminal Offender Record Information (CORI)  
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

**Assisted Living Center, Inc.** 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 Commonwealth of Massachusetts Department of Criminal Justice Information Services

(DCJIS). I hereby acknowledge and provide permission to **Assisted Living Center, Inc.**, 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 with written notice of my intent to withdraw consent to a CORI check.

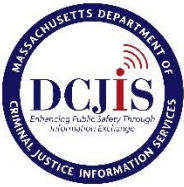
**FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:**

The **Assisted Living Center, Inc.** may conduct subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that **Assisted Living Center, Inc.**, 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 / Job Applicant*

\_\_\_\_\_  
*Date*



**THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE  
OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services**  
200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973 MASS.GOV/CJIS



**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.  
The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

\* 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: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

**Current Address**

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**FOR ADMINISTRATIVE USE: SUBJECT VERIFICATION**

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

\_\_\_\_\_  
\_\_\_\_\_

Print Name of Assisted Living Center, Inc. / Verifying Employee \_\_\_\_\_

Signature of Assisted Living Center, Inc. / Verifying Employee \_\_\_\_\_ Date \_\_\_\_\_