

Coaches -  
Please complete all 3 pages  
and return with  
a copy of your drivers license.  
Thank you!

Email: [recadmin@townhall.plymouth.ma.us](mailto:recadmin@townhall.plymouth.ma.us)

Fax: 508-830-4133 Attn: Recreation

Mail: Recreation Department, 11 Lincoln Street, Plymouth, MA 02360

Drop Off: Recreation Department in the basement of Town Hall (11 Lincoln Street)

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

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

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

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

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SIGNATURE

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DATE

**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 Your Social Security Number (Mandatory): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

SORI Authorization  
Town of Plymouth  
Human Resources Department

The Town of Plymouth is requesting all the available sexual offender record information (SORI) on the following individual, \_\_\_\_\_.  
The undersigned applicant certifies that he/she has duly authorized this SORI check, and he/she acknowledges that all information requested is for the exclusive, official use of the Town of Plymouth as part of the background investigation for the hiring process.

Please provide the following information:

Name \_\_\_\_\_  
                    (first)                                    (middle)                                    (last)

Maiden Name \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Height \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

MA Drivers License # \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date