

CORI CHECK ACKNOWLEDGMENT

I, _____ residing at _____
_____, acknowledge that a Criminal Offender Record
Information (CORI) check will be performed as part of the municipality's hiring process. I further
acknowledge that a refusal to allow the CORI check to be performed will cause my application
to no longer be considered for employment.

Signature of Applicant

Date

COMMONWEALTH OF MASSACHUSETTS

_____, SS.

I, _____, being duly sworn, depose and state I am the above
named person. I have personally read the above statement, agreed to its contents, and signed
it voluntarily.

Signature of Applicant

Sworn before me this _____ day of _____, _____.

Notary Public _____

My Commission Expires: _____