The Rotch-Jones-Duff House & Garden Museum (“RJD”) is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for screening current and otherwise qualified prospective employees, subcontractors, or 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 RJD 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 RJD with written notice of my intent to withdraw consent to a CORI check.

I also understand that RJD may conduct subsequent CORI checks within one year of the date this Form was signed by me.

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. I also acknowledge receipt of the RJD’s CORI Policy.

_________________________________  _________________________  _______
Printed Name of CORI Subject  Signature of CORI Subject  Date
SUBJECT INFORMATION

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

*Theft Index Pin (If Applicable): __________

Sex: _____ Height: _____ ft. _____ in.  Eye Color: ______  Race: ______

Driver's License or ID Number: ____________________________

State of Issue: ____________________________

Father's Full Name: ____________________________

Mother's Full Name: ____________________________

Your Current Address: ____________________________________________

Street  City  State  Zip

Your Former Address: ____________________________________________

Street  City  State  Zip

Telephone Number Home: ____________________________

Telephone Number Cell: ____________________________

Email Address: ____________________________________________
RJD VERIFICATION

SUBJECT VERIFICATION:

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

Verified by: _______________________________________________________

(Print Name of Verifying of CORI Authorized Volunteer)

Signature of Verifying Employee_______________________Date____________

*The Criminal History Systems Board (CHSB) Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to (617) 660-4614.

Form Update: 04/01/2019