



# CMRECC

Central Massachusetts  
Regional Emergency  
Communication Center

## Central Massachusetts Regional 911 District

### CORI Check Acknowledgment Form

The Central Massachusetts Regional 911 District has been certified by the Massachusetts Department of Criminal Justice Information Services (DCJIS) to access Criminal Offender Record Information (CORI) for employment screening purposes. As an applicant for employment, you are required to complete this acknowledgment form to permit the District to obtain your CORI record.

#### Applicant Information:

Full Name: \_\_\_\_\_

Other Names Used (if any): \_\_\_\_\_

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

Last Six (6) Digits of Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I understand that the Central Massachusetts Regional 911 District is authorized by law to conduct CORI checks as part of the pre-employment screening process for positions involving public safety and access to sensitive information. I hereby authorize the District to access my CORI records for the purpose of determining my suitability for employment.

I understand that a criminal record will not automatically disqualify me from employment and that any consideration will be made in accordance with applicable laws, regulations, and the District's CORI policy.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

This acknowledgment form is required under M.G.L. c.6, §172 and 803 CMR 2.00. The information obtained through iCORI will be used only for employment-related purposes and will remain confidential in accordance with state and federal law.