EASTHAMPTON PUBLIC
SAFETY DISPATCH

Employment Application Package
Contents

Instructions .................................................................................................................. 3

I. Personal History ..................................................................................................... 4

II. Residences ............................................................................................................ 5

III. Education ........................................................................................................... 6

IV. Military Service .................................................................................................. 7

V. Employment .......................................................................................................... 8

VI. Court Record ...................................................................................................... 10

VII. Driver’s History .................................................................................................. 11

VIII. Drug/Alcohol Use ............................................................................................ 12

IX. Financial Record ................................................................................................ 13

X. General Behavior ................................................................................................ 14

XI. Licenses ............................................................................................................... 15

XII. Personal References .......................................................................................... 16

Certification of Responses ......................................................................................... 17

Authorization of Release of Information .................................................................... 18

Voluntary Affirmative Action Form ............................................................................ 20

Massachusetts CORI Request Form ........................................................................... 21
Instructions

In order to begin the application process, it is necessary that you follow the instructions below.

You must return this packet, with ALL required documents, to the City of Easthampton Personnel Department. You must complete the enclosed APPLICANT BACKGROUND INFORMATION FORM and have it notarized where applicable.

You will be notified if you are selected for an interview.

For this to be a complete application, you must have turned in the following:

- 1. The completed Applicant Background Information Package, signed and notarized where indicated.
- 2. One copy of your Massachusetts Driver’s License.
- 3. One copy of your Birth Certificate.
- 4. One copy of your Social Security Card.
- 5. One copy of your High School Diploma or Equivalency Certificate.
- 6. One copy of each Higher Education Diploma.
- 7. One Official High School Transcript for each high school attended. (sealed envelope)
- 8. One Official Transcript for each college attended. (sealed envelope)
- 9. One copy of your Service Discharge (if applicable).
- 10. One copy of your DD214 Service Discharge Form (if applicable).
- 11. Copy of your citizenship or naturalization papers (if applicable).

NOTE: Failure to produce any of these documents may disqualify your application from further consideration.

You should not consider this as notice of employment. A decision on your employment with this department will be made only after an investigation of your fitness and background.

Applicant Background Information Form

INSTRUCTIONS: This form must be typewritten or clearly printed ink. All questions must be answered fully, truly, and correctly. If not applicable, indicate N/A. Willfully withholding information or making false statements on this form will be the basis of rejection of the application or dismissal from the Easthampton Public Safety Dispatch Department. Applications that are not complete and legible will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets the same size as this form, and number the answers to correspond with the questions.
I. Personal History

1. Name in full (Last, First, Middle): ________________________________________________________________

2. List all other names you have used. Include maiden name, if applicable. If you have ever used any surnames other than your true name, during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place, and court of record.

   ________________________________________________________________
   ________________________________________________________________

3. Present Residential Address (Apartment, Street, City, State, Zip Code):

   ________________________________________________________________

4. Residential Phone #: (___)________________________ Business Phone #: (___)________________________
   Cellular Phone #: (___)________________________

5. Complete Address to which you desire mail to be sent (including zip code):

   ________________________________________________________________

6. Social Security Number: ________________________________________________________________

7. Have you ever used another Social Security #? If yes, provide the social security number and the dates and the reasons for its use:

   ________________________________________________________________

8. Are you 18 years of age or older?: ________________________________________________________________

9. Place of Birth (City, State, Zip):

   ________________________________________________________________

10. Are you legally authorized to work in the United States?: ________________________________________________________________

11. Natural Born_________ Naturalized___________ Naturalization #___________
II. Residences

1. List chronologically all your residence in the past ten years. Include addresses while attending school if away from home and all military addresses. Begin with your present address.

<table>
<thead>
<tr>
<th>From: (mo/yr)</th>
<th>To: (mo/yr)</th>
<th>Address of Applicant (Include apartment #)</th>
<th>Name of someone who knew or knows you at that address</th>
<th>Telephone Number</th>
</tr>
</thead>
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</tbody>
</table>

2. List all persons currently residing with you. Do not list relatives, spouses or children.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Relationship</th>
<th>Occupation</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
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</table>

3. Have you ever been evicted from a rental property? Yes_______ No_______
III. Education

1. Have you ever received a diploma of graduation from high school? Yes____ No____

<table>
<thead>
<tr>
<th>Name of High School</th>
<th>Address</th>
<th>Did you graduate?</th>
</tr>
</thead>
</table>

If no, have you successfully completed a General Equivalency Diploma Examination (GED)?
Yes____ No____ Location ________________________________

2. If applicable, list other high schools you have attended:

<table>
<thead>
<tr>
<th>Name of High School</th>
<th>Address</th>
<th>Did you graduate?</th>
</tr>
</thead>
</table>

3. Are you currently enrolled in a school of any type? Yes____ No____

If yes, give the following information regarding the institution(s):

<table>
<thead>
<tr>
<th>School Name</th>
<th>Address</th>
<th>Expected Degree</th>
<th>Expected Graduation Date</th>
</tr>
</thead>
</table>

4. List the following information regarding all schools you have attended since high school:

<table>
<thead>
<tr>
<th>School Name</th>
<th>Address</th>
<th>Did you graduate?</th>
<th>Degree Obtained</th>
</tr>
</thead>
</table>

5. For each “Yes” answer to one of the questions below, write or type your version of the incident on a separate piece of paper. Be sure to include specifics regarding dates, institutions, individuals, and actions taken. Label your response to correspond with the particular question.

   a. Were you ever dismissed, suspended or expelled from a school of any time?
      Yes____ No____

   b. Were you ever placed on scholastic probation?
      Yes____ No____

   c. Was disciplinary action ever taken against you during school of any type?
      Yes____ No____
6. List all awards, honors, citations, positions held in school organization, athletic endeavors, and any special recognition you received while attending school:

________________________________________________________________________

________________________________________________________________________

7. Indicate your proficiency in each phase of each foreign language as “none”, “slight”, “good”, or “fluent”.

<table>
<thead>
<tr>
<th>Language</th>
<th>Speaking Ability</th>
<th>Understanding</th>
<th>Reading Ability</th>
<th>Writing Ability</th>
</tr>
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<tbody>
<tr>
<td>Spanish</td>
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<td>Polish</td>
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<tr>
<td>Other</td>
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</table>

IV. Military Service

1. Have you ever served on active duty in the armed forces of the United States?
   Yes__________ No__________

   Branch of Service: ___________________________ Serial #: ___________________________
   Dates of Service: From: ______________________ To: ___________________________
   Highest Rank Attained: ______________________
   Type of Discharge: ______________________
   Basis of Discharge: ______________________

2. If you are currently a member of any branch of the armed services of the United States, their reserve components, or the National Guard, please indicate the name, location, and telephone number of the unit:

   ________________________________________
   ________________________________________
   ________________________________________

3. List all awards, medals, citations and decorations you received while in the Armed Forces:

   ________________________________________
   ________________________________________
   ________________________________________
V. Employment

1. List chronologically all employment, including summer, part-time, and unpaid. Include periods of unemployment. **All time must be accounted for.** List your present employment first.

   From Date: ____________  To Date: ____________  Position: _______________________
   Employer: ___________________________  Supervisor: _____________________________
   Address: _____________________________  Telephone: ____________________________
   Nature of work: ____________________________

   From Date: ____________  To Date: ____________  Position: _______________________
   Employer: ___________________________  Supervisor: _____________________________
   Address: _____________________________  Telephone: ____________________________
   Nature of work: ____________________________

   From Date: ____________  To Date: ____________  Position: _______________________
   Employer: ___________________________  Supervisor: _____________________________
   Address: _____________________________  Telephone: ____________________________
   Nature of work: ____________________________

   From Date: ____________  To Date: ____________  Position: _______________________
   Employer: ___________________________  Supervisor: _____________________________
   Address: _____________________________  Telephone: ____________________________
   Nature of work: ____________________________

   From Date: ____________  To Date: ____________  Position: _______________________
   Employer: ___________________________  Supervisor: _____________________________
   Address: _____________________________  Telephone: ____________________________
   Nature of work: ____________________________
2. Has any employer or prospective employer ever investigated your background?
   Yes_______  No_______
   If yes, provide the following information:

<table>
<thead>
<tr>
<th>Investigating Agency/Company/Organization</th>
<th>Date of Investigation (mo/yr)</th>
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   For each "Yes" answer to any of the questions in this section, write or type your version of the incident on a separate piece of paper. Be sure to include specifics regarding dates, individuals and actions taken. Label your response(s) to match the questions.

3. Have you ever or has it ever been determined that you committed one or more of the following acts:
   a. Stealing from an employer?
      Yes_______  No_______
   b. Reported for work under the influence of drugs or alcohol?
      Yes_______  No_______
   c. Been fired for any reason?
      Yes_______  No_______
   d. Left a job for other reasons under unfavorable circumstances?
      Yes_______  No_______

4. List any awards or recognition you have received during the course of your work history (do not include military service):

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
VI. Court Record

An applicant for employment may answer “no record” on question 1 if any of the following circumstances are applicable: you have never been arrested, you have been arrested but never been tried for a criminal offense, you have been tried for a criminal offense but never convicted, you have a first conviction for any of the following misdemeanors, a) drunkenness b) simple assault c) speeding d) minor traffic violations e) affray f) disturbance of the peace, you have not been convicted of an offense within the five years before the date of this application and/or you have been convicted of misdemeanors where the date of conviction or the completion of any period of incarceration resulting from, whichever date is later, occurred five or more years prior to the date of this application. (See MGL 151B Sec4)

An applicant for employment with a sealed record on file with the Commissioner of Probation may answer “no record” with respect to any inquiry herein relative to prior arrests criminal court appearances, or convictions. In addition, any applicant for employment may answer “no record” with respect to prior arrest, court appearances and adjudication in all cases of delinquency or as a child in need of service, which did not result in a compliant transferred to the Superior Court for criminal prosecution. (See MGL CH276 Sec100a & Sec100c).

1. Have you ever been convicted of a criminal offense? Yes_____ No_____

If the answer to the above question is “Yes”, you must write or type on a separate sheet of paper your version of the above incident(s). Be sure to include: date of arrest and/or arraignment, investigating law enforcement agency, court of record, charges, and disposition. Label the response to match the proper question.

2. To the best of your knowledge are you currently, or have you ever been, under investigation by any local, state, county, federal or foreign law enforcement agency?

Yes_______ No_______

If “Yes”, write or type on a separate sheet of paper your version of the investigation. Be specific regarding dates, agencies, locations, individuals and final outcome. Label the response to match the question.
VII. Driver's History

1. Do you possess a valid driver's license from the Commonwealth of Massachusetts?
   Yes_______     No_______

   License #:_______________________________    Expiration Date:____________________________

2. Have you ever been issued a driver's license from the Commonwealth of Massachusetts under a different name or license number other than your current license number?
   Yes_______     No_______

   If “Yes”, please list the name, license number and reason: __________________________________________

3. Did you ever possess a driver's license issued by any other state?  Yes_____    No_____

   If “Yes”, please list:_____________________________________________________________________

4. For each “Yes” answer to the following questions, write or type your version of the incident on a separate sheet of paper. Be specific with regards to dates, agencies, locations, amounts paid or owed and action taken. Label your response to match the particular question.
   a. Have you ever received a written motor vehicle citation (or written warning), from a police officer?
      Yes_______    No_______

   b. Have you ever been involved in a motor vehicle accident?
      Yes_______    No_______

   c. Has any State or Governmental Agency ever suspended or revoked your right to operate a motor vehicle?
      Yes_______    No_______
VIII. Drug/Alcohol Use

1. Have you ever used, possessed, supplied, or manufactured illegal drugs?
   Yes________ No____

2. Have you ever used, possessed, supplied, or manufactured any prescription drugs without a prescription?
   Yes________ No____

3. Have you ever been in a fight having recently consumed drugs or alcohol?
   Yes________ No____

4. Have you ever been in an accident after having recently consumed drugs or alcohol?
   Yes________ No____

5. Have you even been taken into protective custody?
   Yes________ No____

6. Are you willing to undergo a drug test?
   Yes________ No____

For each “Yes” answer to question 3, question 4 or question 5, write or type your version of the incident on a separate sheet of paper. Be specific with regards to dates, locations, agencies involved and action taken. Label your response to match the particular question.
IX. Financial Record

1. Are you indebted to anyone (individually, jointly, or as a guarantor)?

   Yes ______ No ______

   If “Yes”, please provide the following information:

<table>
<thead>
<tr>
<th>Creditor</th>
<th>Address</th>
<th>Account Number</th>
<th>Amount</th>
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</table>

2. Have you or a company in which you controlled a significant proprietary interest filed for
   bankruptcy, been subject to tax lien, or had legal judgment rendered against you /it for a debt?

   Yes ______ No ______

   If you answered “Yes” to question 2, write or type on a separate sheet of paper your version of the
   incident. Be specific with regards to dates, creditors, individuals, amounts, courts, type of action and final
   outcome. Label your response to match the question.

3. Have your wages ever been garnished?

   Yes ______ No ______

   If you answered “Yes” to question 3, write or type on a separate sheet of paper your version of the
   incident. Be specific with regards to dates, creditors, individuals, amounts, courts, type of action and final
   outcome. Label your response to match the question.
X. General Behavior

1. Are you now or have you ever been a member of any professional association or organization?
   Yes_______  No______

   If “Yes”, please provide the following information:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Position Held</th>
<th>Dates</th>
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2. Do you object to wearing a uniform?  Yes_______  No______

3. Do you object to working nights?  Yes_______  No______

4. Have you had any experience with shift work?  Yes_______  No______

If the answer was “Yes”, explain fully below:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
XI. Licenses

1. Have you ever been issued a firearms license, firearms identification card or firearms permit of any sort?
   Yes_____ No_____

   If “Yes”, provide the following information for each firearms license, card or permit you have possessed:

<table>
<thead>
<tr>
<th>Type of License</th>
<th>License #</th>
<th>Reason Issue</th>
<th>Date of Issue</th>
<th>Place of Issue</th>
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2. Have you ever applied for and been denied a firearms license, firearms identification card or permit of any sort?
   Yes_____ No_____

   If “Yes”, provide the following information for each license denial:

<table>
<thead>
<tr>
<th>Type of License</th>
<th>Reason for Denial</th>
<th>Date of Denial</th>
<th>Place of Denial</th>
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3. Has your firearms license, identification card or permit ever been suspended or revoked or have you been forced to surrender a firearms(s) license, firearms identification card or permit of any sort due to the issuance of a protective order (i.e. MGL CH209A)?
   Yes_____ No_____  

   If “Yes”, write or type your version of the incident on a separate sheet of paper. Be specific with regards to dates, locations, individuals, courts, agencies, action taken, and protective order status. Label your response to match the question.
XII. Personal References

1. List four (4) personal references below. These persons should not be related to you, present or former employers or current fellow employees. All persons whom you refer may be asked to appraise your character, ability, experience, personality and other qualities.

   Name: ___________________  Occupation: ________________________  Yrs Known: _____
   Residential Address: ________________________________
   Personal Telephone: ________________________________
   Business Address: ________________________________
   Business Telephone: ________________________________

   Name: ___________________  Occupation: ________________________  Yrs Known: _____
   Residential Address: ________________________________
   Personal Telephone: ________________________________
   Business Address: ________________________________
   Business Telephone: ________________________________

   Name: ___________________  Occupation: ________________________  Yrs Known: _____
   Residential Address: ________________________________
   Personal Telephone: ________________________________
   Business Address: ________________________________
   Business Telephone: ________________________________

   Name: ___________________  Occupation: ________________________  Yrs Known: _____
   Residential Address: ________________________________
   Personal Telephone: ________________________________
   Business Address: ________________________________
   Business Telephone: ________________________________
Certification of Responses

The information provided in this application for employment is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history and background. I understand that the information released is for the City of Easthampton’s use only.

I understand that all appointments are probationary and that I must demonstrate my ability for continued employment. I also understand that I must be available from time to time to work outside normal business hours, as the needs of the department require.

If required for the position I am seeking, I agree to take a physical examination, which may include testing for drugs or a psychological examination, as required, and recognize that any offer of employment may be contingent upon the results of such an examination.

I represent that I have read and fully understand the foregoing and seek employment under these conditions.

________________________________________  __________________________
Signature (sign in ink)                        Date

Notary Public’s Seal

Commonwealth of Massachusetts]
County of _________]       SS

I, ____________________________, being duly sworn, depose and say I am the above named person. I signed the foregoing statement. I personally read and printed by hand (or typewritten) answers to each and every question therein I do solemnly swear that each answer is full, true and correct in every respect.

____________________________________
Applicant Signature

Sworn before me, this ______
Day of ____________, 20____.

____________________________________
Notary Public Signature
Authorization of Release of Information

TO WHOM IT MAY CONCERN: I am an applicant for position with the Easthampton Public Safety Dispatch Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied, and then to use and disclose that information as a basis for and in support of its decisions regarding my application. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Easthampton Police Department bearing this release to obtain any information in your files and hereby direct you to release such information upon request of the bearer. I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Easthampton Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Easthampton Police Department to consider in determining my suitability for employment in the Public Safety Dispatch department and to authorize the City of Easthampton to then use and disclose that information as a basis for and in support of its decisions regarding my application however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my medical and/or psychological records, my background and my reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other council, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed, and to permit any duly authorized agent of the Easthampton Police Department to inspect and make copies of any documents, records of information. I hereby specifically waive any attorney-client privilege, which may apply to any information sought in connection with my application and this release, both as to this application process and any administrative and/or judicial proceedings, which may arise from it.

I understand my rights under Title 5 United States Code, Section 552a the privacy act of 1974, with regard to access and disclosure or records, and I waive those rights with the understanding that information furnished will be used by the Easthampton Police Department in conjunction with the employment procedures.

A photocopy of FAX copy of the release form will be valid, as an original thereof, even though the said photocopy FAX copy does not contain an original writing of my signature.
TO THE CITY OF EASTHAMPTON: I hereby authorize the Easthampton Police Department to use the information obtained pursuant to this release, or otherwise obtained as part of my application process, in making its determination on my employment application. I further authorize the Easthampton Police Department and the City of Easthampton to disclose any such information: (1) to any individual, department, or entity involved in the processing of my application; (2) in all administrative and judicial proceedings arising out of the processing of my application; and (3) to any civil or criminal law enforcement agency.

______________________________
Signature (sign in ink)         Date

This waiver is valid from the time the information is furnished through and including its use by the City of Easthampton Police Department and the City of Easthampton in processing my application, all administrative and judicial proceedings arising there from, and all civil or criminal enforcement actions arising there from.

Should there be any questions as to validity of this release, you may contact me at the address listed on the form

I agree to indemnify and hold harmless the person whom this request is presented and the City of Easthampton and their agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney’s fees arising out of or by reason of complying with, or using and disclosing the information as authorized pursuant to this request.

______________________________  ______________________  ______________________
Signature                 Date of Birth                 Social Security #

______________________________  ______________________
Full Name (please Print)                  Legal Address

______________________________  ______________________
Telephone Number                  Date

AUTHENTICATION OF SIGNATURE BY NOTARY PUBLIC

Commonwealth of Massachusetts]
County of _________] SS

Then appeared before the above named, ________________________________, and swore the statements made herein to be true.

______________________________  ______________________  ______________________
Date                           Notary Public Signature             My Commission Expires
Voluntary Affirmative Action Form

The City of Easthampton, as part of its commitment to Affirmative Action/Equal Employment Opportunity policies, invites you to provide the following information. All applicants will be considered without regard to race, color, religion, sex, gender identity, genetic information, sexual orientation, national origin, age, marital status, veteran status, medical condition or disability, handicap of a qualified handicapped person unless based upon a bona fide occupational qualification, or any other protected class under the law. The information is voluntary and refusal to provide it will not have any bearing on our employment decision. The data is confidential and will be filed separately. It will be available only to authorized personnel and is used to further the City's Affirmative Action/Equal Employment Opportunity policies. Your cooperation is appreciated.

1. Position Title: ____________________________

2. Gender: □ Male       □ Female

3. Ethnic Origin:
   □ White – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
   □ Black – All persons having origins of any of the black racial groups of Africa.
   □ Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.
   □ Asian or Pacific Islander – All persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
   □ American Indian or Alaskan Native – All persons having origins in any of the original people of North America maintaining cultural identification through tribal affiliations or community recognition.
   □ Cape Verdean – All persons having origins on the Cape Verde Islands.


5. Veteran Status: □ Yes       □ No
   □ Yes                                         □ No
   Vietnam Era, 1962-1975

6. Disabled: □ Yes       □ No
Massachusetts CORI Request Form

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: 617-660-4609 | Fax: 617-660-5973
Mass.Gov/ICJS

Criminal Offender Record Information (CORI)
Acknowledgement Form

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

City of Easthampton 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 City of Easthampton (Organization) 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 City of Easthampton (Organization) with written notice of my intent to withdraw consent to a CORI check.

For employment, volunteer, and licensing purposes only:

The City of Easthampton (Organization) may conduct subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that City of Easthampton (Organization) 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                      Date
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: ________________________________

Former Last Name 3: ________________________________

Former Last Name 4: ________________________________

* 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: _______________________________________________________________

Current Address

* Street Address: ____________________________________________

Apt. # or Suite: __________ *City: __________________________ *State: _______ *Zip: __________

SUBJECT VERIFICATION

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

________________________________________________________

Verified by:

__________________________
Print Name of Verifying Employee

__________________________
Signature of Verifying Employee

__________________________
Date