

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

TO BE USED BY ORGANIZATIONS USING CONSUMER REPORTING AGENCIES TO  
CONDUCT CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR,  
LICENSING, AND HOUSING PURPOSES

**Employer:** Hospice of Garrett County, Inc.

Is registered under the provisions of M.G.I. 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.

**Employer:** Hospice of Garrett County, Inc.

has authorized **HireRight, Inc.** to submit CORI checks to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

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 **HireRight, Inc.** on behalf of

**Employer:** Hospice of Garrett County, Inc.

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

**Employer:** Hospice of Garrett County, Inc.

with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact

**Employer:** Hospice of Garrett County, Inc. to request this information.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: **HireRight, Inc.** on

behalf of **Employer:** Hospice of Garrett County, Inc.

may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **Employer:** Hospice of Garrett County, Inc.

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.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

APPLICANT INFORMATION: (A red asterisk (\*) denotes a required field)

\_\_\_\_\_  
\*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                                      Phone Number

\_\_\_\_\_  
\*Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Sex: \_\_\_\_\_ Height \_\_\_\_ ft. \_\_\_\_ in.      Eye Color: \_\_\_\_\_      Race: \_\_\_\_\_

Driver's License or ID #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

\_\_\_\_\_  
Mother's Full Maiden Name                                      Father's Full Name

Current Address:

\_\_\_\_\_  
Street Number and Name                                      City/Town                                      MD                                      ZIP

Previous Address:

\_\_\_\_\_  
Street Number and Name                                      City/Town                                      MD                                      ZIP

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VERIFIED BY: \_\_\_\_\_  
Name of CORI authorized requestor (Please Print)

\_\_\_\_\_  
Signature of CORI authorized Requestor