

COACH-

**PLEASE COMPLETE ALL 4 PAGES AND RETURN WITH A
COPY OF YOUR DRIVERS LICENSE.**

THANK YOU!

Please fill in preferred contact information to be shared with your team:

- Name: _____
- Telephone: _____
- Email: _____
- Division You are Coaching in: _____

Return via:

- Email recadmin@plymouth-ma.gov
- Fax: 508-830-4062 Attn: Recreation
- Mail: Recreation Dept. 26 Court St., Plymouth, MA 02360
- Drop off: Recreation Dept. 26 Court St., Plymouth, MA 02360 (1st floor of Town Hall)

Copy license here:



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

**TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER,
SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES**

The Town of Plymouth 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 **Town of Plymouth** 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 **Town of Plymouth** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The **Town of Plymouth** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **Town of Plymouth** 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.

SIGNATURE

DATE

SUBJECT INFORMATION

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: _____

Last Six Digits of Your Social Security Number (Mandatory): _____ - _____

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

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name: _____

Father's Full Name: _____

Current and Former Addresses:

Street Number & Name	City/Town	State	Zip
Street Number & Name	City/Town	State	Zip

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

VERIFIED BY: _____
Name of Verifying Employee (Please Print)

Signature of Verifying Employee

SORI Authorization
Town of Plymouth
Human Resources Department

The Town of Plymouth is requesting all the available sexual offender record information (SORI) on the following individual, _____.
The undersigned applicant certifies that he/she has duly authorized this SORI check, and he/she acknowledges that all information requested is for the exclusive, official use of the Town of Plymouth as part of the background investigation for the hiring process.

Please provide the following information:

Name _____
 (first) (middle) (last)

Maiden Name _____

Address: _____

Town: _____ State: _____ Zip Code: _____

Social Security #: _____

Height _____ Hair Color _____ Eye Color _____

MA Drivers License # _____

Date of Birth: _____

Applicant's Signature

Date