



**CARLO DEMARIA
MAYOR**

DEPARTMENT OF HUMAN RESOURCES

484 Broadway Everett, Massachusetts 02149

John Russolillo- Interim Director of Human Resources

☎ 617-394-2282

✉ john.russolillo@ci.everett.ma.us

**CORI / SORI REQUEST AND
DRIVERS LICENSE VERIFICATION FORM**

The City of Everett is registered under the provision 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 and current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI (Criminal Offender Record of Information) and SORI (Sexual Offender Record of Information) check will be submitted for my personal information to the DCJIS, I hereby acknowledge and provide permission to the City of Everett 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 understand that within this one-year period of time the City of Everett may conduct subsequent CORI checks for my personal information. I may withdraw this authorization at any time by providing The City of Everett with written notice of my intent to withdraw consent to a CORI check.

If applicable to your job description a process of verifying the validity and authenticity of your driver’s license will be checked for any of the following; Restrictions, endorsements, suspensions or revoked.

By signing this application, I provide my consent to a CORI check and affirm that the information provided to process the CORI check is true and accurate.

Signature of CORI and SORI Subject

Date

Subject Information

Title of Position: _____

*First Name: _____ Middle Initial: ____ *Last Name: _____



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Former Last Name 1: _____

Former Last Name 2: _____

*Date of Birth (MM/DD/YYYY) _____ Place of Birth: _____

*Social Security Number ____ - ____ - ____ No SSN

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

Please attach a copy of your Driver's License or Government ID

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

Verified by:



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Print Name of Verifying Employee

Signature of Verifying Employee

Date