



TOWN OF ORLEANS

CORI POLICY

This policy is applicable to the criminal history screening of prospective and current employees, subcontractors, volunteers and interns, professional licensing applicants, as those terms are defined in M.G.L. c. 268, §1.

Where Criminal Offender Record Information (CORI) and other criminal history checks may be part of a general background check for employment or volunteer work, the following practices and procedures will be followed.

CONDUCTING CORI SCREENING

CORI checks will only be conducted as authorized by law and only after an authorization form has been completed. If a new CORI check is to be made on a subject within a year of his/her signing of the Acknowledgement Form, the subject shall be given seventy-two (72) hours' notice that a new CORI check will be conducted.

ACCESS TO CORI

All CORI obtained is confidential, and access to the information must be limited to those individuals who have a "need to know". This may include, but not be limited to, hiring managers, staff submitting the CORI requests, and staff charged with processing job applications. We shall maintain and keep a current list of each individual authorized to have access to, or view, CORI.

CORI TRAINING

An informed review of a criminal record requires training. Accordingly, all personnel authorized to conduct criminal history background checks and/or to review CORI information will review, and will be thoroughly familiar with, the educational and relevant training materials regarding CORI laws and regulations made available by the Mass. Department of Criminal Justice Information Service (DCJIS).

USE OF CRIMINAL HISTORY IN BACKGROUND SCREENING

CORI used for employment purposes shall only be accessed for applicants who are otherwise qualified for the position for which they have applied. Unless otherwise provided by law, a criminal record will not automatically disqualify an applicant. Rather, determinations of suitability based on background checks will be made consistent with this policy and any applicable law or regulations.

VERIFYING A SUBJECT'S IDENTITY

If a criminal record is received, the information is to be closely compared with the information on the Acknowledgement Form and any other identifying information provided by the applicant to ensure the record belongs to the applicant.

If the information in the CORI record provided does not exactly match the identification information provided by the applicant, a determination is to be made by an individual authorized to make such determinations based on a comparison of the CORI record and documents provided by the applicant.

INQUIRING ABOUT CRIMINAL HISTORY

In connection with any decision regarding employment or volunteer opportunities, the subject shall be provided with a copy of the criminal history record prior to questioning the subject about his or her criminal history. The source(s) of the criminal history record is also to be disclosed to the subject.

DETERMINING SUITABILITY

If a determination is made, based on the information as provided in The Criminal Background Check section of this policy, that the criminal record belongs to the subject, and the subject does not dispute the record's accuracy, then the determination of suitability for the position or license will be made. Unless otherwise provided by law, factors considered in determining suitability may include, but not be limited to, the following:

- (a) Relevance of the record to the position sought;
- (b) The nature of the work to be performed;
- (c) Time since the conviction;
- (d) Age of the candidate at the time of the offense;
- (e) Seriousness and specific circumstances of the offense;
- (f) The number of offenses;
- (g) Whether the applicant has pending charges;
- (h) Any relevant evidence of rehabilitation or lack thereof; and
- (i) Any other relevant information, including information submitted by the candidate or requested by the organization.

The applicant is to be notified of the decision and the basis for it in a timely manner.

ADVERSE DECISIONS BASED ON CORI

If an authorized official is inclined to make an adverse decision based on the results of a criminal history background check, the applicant will be notified immediately. The subject shall be provided with a copy of the organization's CORI policy and a copy of the criminal history. The source(s) of the criminal history will also be revealed. The subject will then be provided with an opportunity to dispute the accuracy of the CORI record. Subjects shall also be provided a copy of DCJIS' *Information Concerning the Process for Correcting a Criminal Record*.

SECONDARY DISSEMINATION LOGS

All CORI obtained from the DCJIS is confidential and can only be disseminated as authorized by law and regulation. A central secondary dissemination log shall be used to record *any* dissemination of CORI outside this organization, including dissemination at the request of the subject.



**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: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



**Criminal Offender Record Information (CORI)
Acknowledgement Form**

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

_____ is registered under the
(Organization)
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 _____
(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 _____
(Organization)
with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The _____ may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that
_____, must first provide
me _____
(Organization)
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.

Please sign the form in front of a Notary Public, if you are not bringing the form in person directly to the requesting authority.

Signature of CORI Subject _____
Date

State of _____
County of _____ *SS.*
On this _____ *day of* _____, 20____, *before me, the undersigned notary public, personally appeared* _____ *(name of document signer), proved to me through satisfactory evidence of verification, which were* _____ *to be the person whose name is signed on the preceding or attached document, and acknowledged to me that s/he signed it voluntary for its stated purpose.*

(Seal)
My Commission expires on:

Notary Public Signature



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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



TOWN OF ORLEANS

SORI POLICY

Where Sex Offender Record Information (SORI) checks are part of a general background check for employment, volunteer work or licensing purposes, the following practices and procedures will generally be followed.

- I. SORI checks will only be conducted as authorized by Sex Offender Registry Board (SORB). All applicants will be notified that a SORI check will be conducted. Applicants will be provided with a copy of the SORI policy.
- II. An informed review of a sex offender record requires adequate training. Accordingly, all personnel authorized to review SORI in the decision-making process will be thoroughly familiar with the educational materials made available by SORB.
- III. Unless otherwise provided by law, a sex offender criminal record will not automatically disqualify an applicant. Rather, determinations of suitability based on SORI checks will be made consistent with this policy and any applicable law or regulations.
- IV. If a sex offender record is received from SORB, the authorized individual will closely compare the record provided by SORB with the information on the SORI request form and any other identifying information provided by the applicant, to ensure the record relates to the applicant.
- V. If the Town of Orleans is inclined to make an adverse decision based on the results of the SORI check, the applicant will be notified immediately. The applicant shall be provided with a copy of the sex offender record and the organization's SORI policy, advised of the part(s) of the record that make the individual unsuitable for the position, and given an opportunity to dispute the accuracy and relevance of the SORI record.
- VI. Applicants challenging the accuracy of the policy shall be provided with the SORB contact information. If the SORI record provided does not exactly match the identification information provided by the applicant, the Town of Orleans will make a determination based on a comparison of the SORI record and documents provided by the applicant. The Town of Orleans may contact SORB and request a detailed search consistent with SORB policy.
- VII. If the Town of Orleans reasonably believes the record belongs to the applicant and is accurate, based on the information as provided in section IV on this policy, then consideration of employment will be made.
- VIII. The Town of Orleans will notify the applicant of the decision and the basis of the decision in a timely manner.



TOWN OF ORLEANS

Sex Offender Registry Information (SORI) Acknowledgment Form

The Town of Orleans conducts SORI checks for the purpose of screening current and otherwise qualified prospective employees and volunteers.

As a prospective or current employee or volunteer, I understand that a SORI check will be submitted for my personal information to the Commonwealth of Massachusetts Sex Offender Registry Board. I hereby acknowledge and provide permission to the Town of Orleans to submit a SORI check for my information to the Commonwealth of Massachusetts Sex Offender Registry Board. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Town of Orleans with written notice of my intent to withdraw consent to a SORI check.

FOR EMPLOYMENT AND VOLUNTEER PURPOSES ONLY: The Town of Orleans may conduct subsequent SORI checks within one year of the date this form was signed by me provided, however, that the Town of Orleans must first provide me with written notice of this check.

By signing below, I provide my consent to a SORI check and acknowledge that the information provided on page 2 of the Acknowledge Form is true and accurate.

Please sign the form in front of a Notary Public, if you are not bringing the form in person directly to the requesting authority.

Signature of SORI Subject

Date

=====
State of _____
County of _____ ss.
On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of verification, which were _____ to be the person whose name is signed on the preceding or attached document, and acknowledged to me that s/he signed it voluntary for its stated purpose.

(Seal)
My Commission expires on: _____

Notary Public Signature

SORI Request Town of Orleans

The Commonwealth of Massachusetts Sex Offender Registry Board will provide a report that includes the following information; whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). Please be advised that the law only permits the public to receive information on sex offenders required to register and finally be classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low-risk) offender or if he/she has not yet been classified by the Board. All requests shall be recorded and kept confidential, except to assist or defend in criminal prosecution.

The information below is correct to the best of my knowledge.

APPLICANT/EMPLOYEE/VOLUNTEER INFORMATION (Please Print Clearly)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME or OTHER NAME(s) by WHICH YOU HAVE BEEN KNOW

DATE OF BIRTH: ____/____/____ AGE _____ SOCIAL SECURITY #: _____
 M DD YEAR – Please enter DOB as M/DD/YYYY Ex: 1/01/1970 not 01/01/1970

ADDRESS: _____

PERSONAL IDENTIFYING CHARACTERISTICS

SEX: _____ RACE: _____ HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

OTHER INFORMATION (e.g. License plate number, parents' name, etc)

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