



To All Prospective Employees, Volunteers, Interns, and Subcontractors:

The Commonwealth of Massachusetts, in order to protect children, requires that school officials obtain criminal background information to determine the suitability of prospective and current employees, volunteers, interns, and subcontractors (defined as non-payroll occasional and/or temporary workers, such as substitutes, adjunct faculty, coaches, etc.) who may have direct and unmonitored contact with children. This information is obtained through three sources: the CORI (Criminal Offender Record Information) system, which stores information on Massachusetts criminal history; SAFIS (Statewide Applicant Fingerprint Identification Services) program, which conducts Criminal History Record Information (CHRI) fingerprint-based background checks through the FBI's national criminal history database; and MA RMV (Massachusetts Registry of Motor Vehicles), which provides Unattested Driving Records for the State of Massachusetts.

As an employee, volunteer, intern, or subcontractor of Covenant Christian Academy, you are required to consent to a CORI check, which will be repeated every three years. In addition, you will be required to make arrangements to have your fingerprints taken for SAFIS and the results provided to Covenant Christian Academy. If you anticipate driving any vehicle (personal or school-owned) to transport students at any time, you must also consent to a driving record check on an annual basis. Attached to this letter is information about how to make an appointment for fingerprinting through MorphoTrust USA IndentoGo, the state vendor for SAFIS. The cost for the CORI and MA RMV is paid by Covenant Christian Academy. You are responsible for the fingerprinting fee, which is \$55 for individuals who are licensed by the Massachusetts Department of Education, and \$35 for all others.

CORI and MA RMV consent forms are due prior to the start of employment. Within 30 days of the start of employment you must provide Covenant Christian Academy with a receipt from MorphoTrust USA IndentoGo as confirmation that your fingerprints were taken. All background check results will be sent directly to Covenant Christian Academy.

Your employment or service is conditioned upon a determination by Covenant Christian Academy that, based on the results of your criminal background history checks, you are suitable for employment at Covenant Christian Academy. Results of your state and national criminal history background checks could lead to termination of employment. Documentation of your suitability determination will be maintained by Covenant Christian Academy, and may be transferred to future employers within Massachusetts for a period of seven years.

Copies of the Covenant Christian Academy Criminal History Background Check and Personal Vehicle Use Policies are available upon request.

Please sign below indicating your understanding and acknowledgement of these conditions of employment or service, and the required state and national criminal background checks.

Printed Name

Signature

Date



**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



**This form is not to be faxed. Please return form to organization .
Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing 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, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, 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.

I also understand, that _____ may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me.

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



**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



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