

**CITY OF LYNN**  
**3 CITY HALL SQUARE**  
**LYNN, MA 01901**  
**781-586-6880**  
 personnel@lynnma.gov  
**RESERVE EMPLOYMENT APPLICATION**

<b>INFORMATION</b>		
Name:		
Address:		
City:	State:	Zip Code:
E-mail Address:		
Cell Phone #:	Home Phone #:	
Valid MA Driver's License? (circle one) Yes No		

<b>EDUCATION</b>				
Type of School	Name of School	Location	# of Years Attended	Degree/Certification
High School				
College				
Other				
<b>EMPLOYMENT RECORD</b>				
Begin With Most Recent Employment				
# of years worked:	Company Name	Telephone Number		
Titles and Duties				

Reason For Leaving	Supervisor's Name	Telephone Number
# of years worked:	Company Name	Telephone Number
Titles and Duties		
Reason For Leaving	Supervisor's Name	Telephone Number
# of years worked:	Company Name	Telephone Number
Titles and Duties		
Reason For Leaving	Supervisor's Name	Telephone Number

**The City of Lynn is an Affirmative Action and Equal Opportunity Employer. All applicants shall receive equal consideration and treatment in employment without regard to race, color, religion, ancestry, national origin, age, disability, sexual orientation, military status, marital status, familial status, genetic information, or any other status prohibited by law.**

**In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.**

Applicant's 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.

City of Lynn 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  
City of Lynn  
 (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 City of Lynn  
 (Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that City of Lynn 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*



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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*