



# Greater New Bedford Regional Vocational Technical High School

1121 Ashley Boulevard, New Bedford, MA 02745-2496  
Tel.# 508-998-3321 Fax # 508-995-7268 <http://www.gnbvt.edu>

## CORI ACKNOWLEDGEMENT FORM

Greater New Bedford Regional Vocational Technical High School is registered under the provisions of M.G.L.c.6, s172 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 Greater New Bedford Regional Vocational Technical High School 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 Greater New Bedford Regional Vocational Technical High School with written notice of my intent to withdraw consent to a CORI check.

**FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:** The Greater New Bedford Regional Vocational Technical High School may conduct subsequent CORI checks within one year of the date of this Form was signed by me provided, however, that Greater New Bedford Regional Vocational Technical High School 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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date (required)

### For Office Use

\_\_\_\_\_  
Position / Area Applying To

\_\_\_\_\_  
Applicant Telephone Number

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**James L. O'Brien**  
Superintendent-Director

**Robert Watt**  
Principal

**Paul Kitchen**  
Business Manager

\* **Proudly Serving the Towns of Dartmouth and Fairhaven and the City of New Bedford** \*

<http://www.gnbvt.edu>



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SUBJECT INFORMATION (PLEASE PRINT)					
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 (required)	
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 ADDRESS:		Street Number & Name		City/Town	State Zip
FORMER ADDRESSES:		Street Number & Name		City/Town	State Zip
<i>The above information was verified by reviewing the following form(s) of government issued identification:</i>					
1. _____ 2. _____					
VERIFIED BY: (NAME OF VERIFYING EMPLOYEE) (Please Print)				SIGNATURE OF VERIFYING EMPLOYEE:	

6/2012