



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>

Preparation • Passion • Perseverance

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, 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 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.

I also understand that 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 this Form was signed by me.

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)

Position / Area Applying To

Applicant Telephone Number

6/2021

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Michael P. Watson
Superintendent-Director

Robert J. Watt
Executive Director of Operations
and Compliance

Warley J. Williams
Principal

Pamela Stuart
School Business Administrator

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



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SUBJECT INFORMATION (PLEASE PRINT)			
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
FORMER LAST NAME 1	FORMER LAST NAME 2	FORMER LAST NAME 3	FORMER LAST NAME 4
DATE OF BIRTH		PLACE OF BIRTH	
LAST SIX DIGITS OF YOUR SOCIAL SECURITY NUMBER (required) ____ - ____ - ____		<input type="checkbox"/> No Social Security Number	
SEX	HEIGHT ____ ft. ____ in.	EYE COLOR	RACE
DRIVER'S LICENSE or ID NUMBER		STATE OF ISSUE	
MOTHER'S FULL 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:	

6/2021

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