



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, 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)

After Prom Volunteer

Position / Area Applying To

Applicant Telephone Number

9/2018

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Michael P. Watson
Superintendent-Director

Warley Williams
Principal

Pamela Stuart
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
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 ____ <i>ft.</i> ____ <i>in.</i>	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:		

9/2018