

IMPORTANT!!!
COPY OF
GOVERNMENT
ISSUED PHOTO
ID MUST BE
ATTACHED

Haverhill Public Schools
4 Summer Street – Room 104
Haverhill, MA 01830
978-374-3400

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CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

The Haverhill Public Schools is registered under the provisions of M.G.L.c.6 172 to receive CORI for the purposes of screening current and otherwise qualified prospective employees, subcontractors, and volunteers.

As a prospective or current employee, subcontractor or volunteer, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to the Haverhill Public Schools 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 the Haverhill Public Schools with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT AND VOLUNTEER ONLY: The Haverhill Public Schools may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that the Haverhill Public Schools 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 below is true and accurate.

SIGNATURE

DATE

Please check one: [] *Current Employee* [] *Prospective Employee* [] *Subcontractor* [] *Volunteer*

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 (Month, Day, Year)

Place of Birth

Last Six Digits of Your Social Security Number: XXX - _____ - _____

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 and Former Addresses:

Street Number and Name City/Town State Zip

Street Number and Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government issued photographic identification: _____

Verified by: _____
Name of HR Employee (Please Print) *Signature of Verifying HR Employee*

5.2012