



NEW BEDFORD PUBLIC SCHOOLS

PAUL RODRIGUES ADMINISTRATION BUILDING
455 COUNTY STREET
NEW BEDFORD, MASSACHUSETTS 02740
www.newbedfordschools.org

(508) 997-4511 Fax (508) 991-7463

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ENGLISH LANGUAGE LEARNERS &
FAMILY WELLBEING CENTER MANAGER

PIA DURKIN, Ph.D.
SUPERINTENDENT

*"We are committed to developing a community of learners who
are academically proficient, demonstrate strong character and
exhibit self-confidence."*

NBEPS
CHSB
EOHHS

CORI REQUEST FORM

(please print)

New Bedford Public Schools has been certified by the Criminal History Systems Board for access to all criminal case data including conviction, non-conviction and pending. As an applicant/employee for the position of _____, I understand that a criminal record check will be conducted for conviction, non-conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

| | | |
|---|---|---------------------------------------|
| _____ LAST NAME | _____ FIRST NAME | _____ MIDDLE NAME |
| _____ MAIDEN NAME OR ALIAS (IF APPLICABLE) | | _____ PLACE OF BIRTH |
| _____ DATE OF BIRTH | _____ SOCIAL SECURITY NUMBER (REQUESTED BUT NOT REQUIRED) | _____ ID THEFT INDEX (PIN) |
| MOTHER'S MAIDEN NAME (IF APPLICABLE) _____ | | |
| CURRENT & FORMER ADDRESSES: _____ _____ | | |
| SEX: _____ | HEIGHT: _____ ft. _____ in. | WEIGHT: _____ |
| DRIVER'S LICENSE NUMBER: _____ | | EYE COLOR: _____ |
| SCHOOL NAME: _____ (IF VOLUNTEER OR CHAPERONE) | | _____ APPLICANT/EMPLOYEE SIGNATURE |

*** THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT
ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

****The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.

Revised 11/14

The New Bedford Public Schools do not discriminate on the basis of age, gender, race, color, religion, ethnicity, national origin, disability, sexual orientation, ancestry, homelessness, gender identity or gender expression.



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EARLY INTERVENTION CENTER MANAGER

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CNBEPS

Department of Children and Families Record Check

(Please print)

I authorize the Department of Children and Families to disclose to the New Bedford Public Schools (my and all information regarding any record(s) I may have on file with the Department of Children and Families. I induce the Department of Children and Families to disclose any information. I hereby release the Department of Children and Families, its Directors, Officers, employees and agents from any and all liability for disclosing same.

As an applicant for the position of _____, at _____ school, I understand that a record check will be conducted and that it will not necessarily disqualify me as a candidate for the position.

LAST NAME _____

FIRST NAME _____

MIDDLE NAME _____

MAIDEN NAME OR ALIAS (if applicable) _____

MOTHER'S NAME _____

FATHER'S NAME _____

DATE OF BIRTH: ____ - ____ - ____

SOCIAL SECURITY NUMBER: ____ - ____ - ____

CURRENT ADDRESS: _____

PREVIOUS ADDRESS: _____

APPLICANT SIGNATURE _____

DATE _____

PHOTO ID Attached: _____

NOTARY SEAL/STAMP Required

On this _____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared _____, proved to me through satisfactory evidence of identification which was _____, to be the person whose name is signed on the preceding document.

BCF REGISTRY USE ONLY

RECORD ATTACHED: _____ NO RECORD: _____ DATE: _____

BCF 11/04



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