

Employee Title _____

School _____



Marshfield Public Schools

76 South River Street – Marshfield, MA 02050 ■ (781)834-5000 ■ FAX (781)834-5070

Jeffrey W. Granatino
Superintendent

Ellen M. Martin, Ed. D.
Assistant Superintendent of Schools

Thomas J. Miller
Assist. Super. Business & Finance

Susan D. Dupuis, Ed. D.
Assist. Super. Sped/Pupil Personnel

CORI ACKNOWLEDGEMENT FORM

Marshfield Public Schools is registered under the provisions of M.G.L.c.6, 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees.

As a prospective or current employee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Marshfield 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 Marshfield Public Schools with written notice of my intent to withdraw consent to a CORI check.

FOR PROSPECTIVE OR CURRENT EMPLOYMENT PURPOSES ONLY: The Marshfield Public Schools may conduct subsequent CORI checks within one year of the date this Form was signed by me provided however, that Marshfield 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 on this Acknowledge Form is true and accurate.

Applicant/Employee Signature: _____ **Date:** _____

.....
Applicant/Employee Information (PLEASE PRINT)

The fields marked with an asterisk (*) are required fields

* Last Name

* First Name

Middle Name

Maiden Name (or other name(s) by which you have been known)

Place of Birth

Mother's Full (Include Maiden) Name

Father's Full Name

* Date of Birth: _____ Driver's License ID Number: _____ State of Issue: _____

* Last Six Digits of Your Social Security Number: _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Current and Former Address:

Street # and Name

City/Town

State

Zip

Street # and Name

City/Town

State

Zip

.....
Marshfield Public Schools Use Only

The above information was verified by reviewing the following form(s) of government issued identification: **(PHOTO ID REQUIRED)**

VERIFIED BY: _____

Name of Verifying Employee (Please Print)

Title

Signature of Verifying Employee

.....
(APPLICANT/ EMPLOYEE)

1/4/2017

Marshfield Public School District is an Equal Opportunity/Affirmative Action employer. Marshfield Public School District does not discriminate on the basis of race, color, religion, national origin, gender, gender identity, sexual orientation, disability, homelessness, or age in programs, activities, or employment.