



Marlborough Public Schools

Subject Information - Please complete this section. The fields marked with an asterisk (*) are required.

PLEASE PRINT CLEARLY

*Your Last Name

*Your First Name

Middle Initial

* Your Maiden Name (if applicable)

* Your Former Last Name(S) (if applicable)

*Date of Birth (MM/DD/YYYY): ____/____/____ *Place of Birth: _____

Last SIX digits of Social Security number: X X X - ____ - ____

☐ Please check here if you do not have a Social Security Number

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

*Driver's License or ID Number: _____

*Your Father's Last Name: _____ *Your Father's First Name: _____

*Your Mother's Current Last Name: _____ *Your Mother's First Name: _____

*Your Mother's Maiden Name: _____

*Your Current Address: _____ Apt. # or Suite: _____

*City: _____ *State: _____ *Zip: _____

APPLICANT - DO NOT WRITE BELOW THIS LINE

The above information was verified by reviewing the following form of government-issued identification:

Name of ID Required - do not leave blank

Print Name of Verifying Employee

Name of School

Signature of Verifying Employee

Date



Marlborough Public Schools

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

*TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT,
VOLUNTEER, SUBCONTRACTOR, AND LICENSING*

MARLBOROUGH 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, subcontractors, volunteers, license applicants, and 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 Marlborough 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 Marlborough Public Schools with written notice of my intent to withdraw notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Marlborough Public Schools may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Marlborough Public Schools 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 Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

Your phone number: _____

Name of MPS building: _____

Please check one:

- ☐ **Job Applicant**
- ☐ **Volunteer**
- ☐ **Current Employee**
- ☐ **Student Teacher/Observer/Intern**
- ☐ **Subcontractor - Company Name:** _____