



THE CITY OF NEW BEDFORD
DEPARTMENT OF LABOR RELATIONS & PERSONNEL

133 WILLIAM ST, RM 212, NEW BEDFORD, MA 02740

T: 508-979-1444 | F: 508-979-1619

Criminal Offender Record Information (CORI) Acknowledgement Form

The City of New Bedford 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 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 DCJIS. I hereby acknowledge and provide permission to the City of New Bedford 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 City of New Bedford with written notice of my intent to withdraw consent to a CORI check.

I also understand, that the City of New Bedford 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 affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



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SUBJECT INFORMATION

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

*First Name: _____ Middle Initial: _____

*Last Name: _____ Suffix (Jr, Sr, etc...): _____

Former Last Name (1): _____

Former Last Name (2): _____

Former Last Name (3): _____

Former Last Name (4): _____

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

*Last **SIX** digits of Social Security Number: _____ - _____ ☐ No Social Security Number

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

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

CURRENT ADDRESS

*Street Address: _____

Apt # or Suite: _____ *City: _____ *State: _____ *Zip Code: _____

SUBJECT VERIFICATION

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

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date