



**NORTH ATTLEBOROUGH PUBLIC SCHOOLS  
HUMAN RESOURCES DEPARTMENT  
John Woodcock Administration Building  
6 Morse Street  
North Attleborough, MA 02760**

*ADDA-EI  
School ORG. ID = NORMA12-00320*

**BACKGROUND CHECK REQUEST FORM  
EMPLOYEE/APPLICANT/VOLUNTEER/SUBCONTRACTOR**

North Attleborough Public Schools is registered under the provisions of M.G.L. c.6, Sec. 172 to receive criminal offender record information (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 System (DCJIS). I hereby acknowledge and provide permission 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 written notice of my intent to withdraw my consent. I understand that the District may conduct subsequent CORI checks within one year of the date of this form provided that I first receive 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. Additionally, I understand that the District will request and receive sexual offender record information (SORI) from the Massachusetts Sex Offender Registry Board (SORB) to determine if I pose an unreasonable risk to the children. I also understand that, if my position requires, I will be provided with information to on how to register for a fingerprint appointment in order that a national criminal history check may be conducted.

\_\_\_\_\_  
**Employee/Applicant/Volunteer/Subcontractor Signature**

\_\_\_\_\_  
**Date**

**COMPLETE THE FOLLOWING INFORMATION (PLEASE PRINT)**

\_\_\_\_\_  
**LAST NAME**                      **FIRST NAME**                      **MIDDLE NAME**                      **SOCIAL SECURITY #**  
**(LAST 6 DIGITS REQUIRED)**

\_\_\_\_\_  
**MAIDEN NAME (or other names by which you have been known)**                      **MOTHER'S FULL MAIDEN NAME**

\_\_\_\_\_  
**DATE OF BIRTH**                      **PLACE OF BIRTH**                      **FATHER'S FULL NAME**

**CURRENT ADDRESS:** \_\_\_\_\_ **HOME PHONE #** \_\_\_\_\_  
Street number/name                      City/Town                      State                      Zip

**FORMER ADDRESS:** \_\_\_\_\_ **CELL PHONE #** \_\_\_\_\_  
Street number/name                      City/Town                      State                      Zip

**SEX:** \_\_\_\_\_ **HEIGHT:** \_\_\_\_\_ ft. \_\_\_\_\_ in.                      **EYE COLOR:** \_\_\_\_\_ **RACE:** \_\_\_\_\_

**DRIVER'S LICENSE or ID #:** \_\_\_\_\_ **STATE OF ISSUE:** \_\_\_\_\_

**POSITION HELD / APPLIED FOR** \_\_\_\_\_ **SCHOOL / DEPARTMENT:** \_\_\_\_\_ **HIRE DATE:** \_\_\_\_\_

**IF VOLUNTEER CHECK HERE** \_\_\_\_\_ **STUDENT(S) NAME** \_\_\_\_\_

**BELOW TO BE COMPLETED BY EMPLOYER**

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

**GOVERNMENT ISSUED ID:** \_\_\_\_\_

\_\_\_\_\_  
**NAME OF VERIFYING EMPLOYEE (PRINT)**

\_\_\_\_\_  
**SIGNATURE OF VERIFYING EMPLOYEE**