

Criminal Offender Record Information (C.O.R.I.) REQUEST FORM

The Somerville Public Schools has been certified by the Criminal History Systems Board to have access to all conviction, non-conviction data, and pending court activity for school-based personnel.

INSTRUCTIONS:

To be completed by prospective employee, tutor, volunteer, or student teacher. PRINT CLEARLY.

Position for which you are being considered: _____
(i.e.: Math Teacher, Volunteer, Student Teacher, etc.)

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____ MAIDEN NAME/
ALIAS (IF APPLICABLE) _____

PLACE OF BIRTH _____ DATE OF BIRTH _____ XXX - _____ - _____
SOCIAL SECURITY NUMBER (LAST 6)

SEX: _____ HEIGHT: _____ FT. _____ IN. WEIGHT: _____ EYE COLOR: _____

I.D. THEFT INDEX PIN
(IF APPLICABLE)

MOTHER'S MAIDEN NAME _____

The CHSB Identify 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.

CURRENT ADDRESS: _____

FORMER ADDRESS: _____
(IF RESIDED IN CURRENT ADDRESS LESS THAN 2 YEARS)

CONTACT PHONE NUMBER / EMAIL: _____

I hereby affirm that all information supplied by me in support of my candidacy is true and complete. I certify that I have never been convicted of a criminal offense. Further, I certify that I have never been arrested for any offense involving sexual misconduct or moral turpitude. I understand that if employed, falsified statements, as part of my application shall be considered sufficient cause for dismissal. I hereby release and hold harmless the Somerville Public Schools and any providers of information about me from any liability, which may result.

Applicant's Signature _____

Date _____

***PLEASE NOTE THAT A COPY OF A US GOVERNMENT ISSUED PHOTOGRAPHIC ID MUST BE SUBMITTED WITH THIS FORM.**

TO BE COMPLETED BY THE SCHOOL DEPARTMENT DESIGNEE ONLY:

THE INFORMATION ABOVE WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF U.S. GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: **PLEASE CHECK ONE:**

DRIVER'S LICENSE / REAL ID US PASSPORT *SOCIAL SECURITY CARD *BIRTH CERTIFICATE

REQUESTED BY: _____ SCHOOL: _____
PLEASE PRINT

*This form can be downloaded by visiting the
Central Administration webpage > Human Resources > Payroll Forms*

SOMERVILLE PUBLIC SCHOOLS

167 HOLLAND STREET, 3rd Floor • SOMERVILLE MASSACHUSETTS 02144 • Tel. 617-625-6600

