

Criminal Offender Record Information (C.O.R.I.) Request Form

The Somerville Public Schools Has been certified by the Criminal History Systems Board for access to all conviction, non-conviction data, and ending 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: _____

(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)

GENDER: _____

HEIGHT: _____

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 FOR 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 CERIFICICATE

REQUESTED BY: _____

PLEASE PRINT

SCHOOL: _____

SIGNATURE: _____

DATE: _____

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

