



# C.O.R.I. REQUEST FORM

Revised 09/2013

The Somerville Public Schools has been certified by the Criminal History Systems Board for 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 \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY NUMBER  
(LAST SIX DIGITS) \_\_\_\_\_

I.D. THEFT INDEX PIN \* \_\_\_\_\_ MOTHER'S MAIDEN NAME  
(IF APPLICABLE)

SEX: \_\_\_\_ HEIGHT: \_\_\_\_ FT. \_\_\_\_ IN. WEIGHT: \_\_\_\_ EYE COLOR: \_\_\_\_

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.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*\* 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.*

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:

DRIVER'S LICENSE OR  US PASSPORT OR  SOCIAL SECURITY CARD  BIRTH CERTIFICATE

REQUESTED BY: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

This form can be downloaded by visiting the Human Resources Webpage at [www.somerville.k12.ma.us/careers](http://www.somerville.k12.ma.us/careers).

SOMERVILLE PUBLIC SCHOOLS  
42 CROSS STREET · SOMERVILLE MASSACHUSETTS 02145 106 · Tel. 617-625-6600

