SOMERVILLE PUBLIC SCHOOLS
8 BONAIR STREET · SOMERVILLE MASSACHUSETTS 02145 · Tel. 617-625-6600

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 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)

_____ _____/_____/_____ ___XXX___ - _____ - _____

PLACE OF BIRTH DATE OF BIRTH 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.

_____ _____

Signature of Applicant 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 CIRCLE 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 Intranet webpage > Human Resources > Payroll Forms