



# Falmouth Public Schools

340 Teaticket Highway, East Falmouth, MA 02536

## CORI Request Form

I am applying as a:

Job Applicant  Employee  Volunteer  Contractor  Intern  Other \_\_\_\_\_

PRINT LEGAL LAST NAME LEGAL FIRST NAME MIDDLE NAME SUFFIX

MAIDEN NAME (or other name(s) by which you have been known)

DATE OF BIRTH PLACE OF BIRTH (CITY, STATE or COUNTRY)

LAST SIX DIGITS OF SOCIAL SECURITY NUMBER REQUIRED: XXX - \_\_\_\_ - \_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_ ft. \_\_\_\_ in. EYE COLOR: \_\_\_\_\_ RACE (optional): \_\_\_\_\_

IDENTITY THEFT INDEX PIN (if applicable): \_\_\_\_\_

MOTHER'S FULL MAIDEN NAME FATHER'S FULL NAME

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CURRENT STREET NUMBER AND NAME CITY/TOWN STATE ZIP

\*FORMER STREET NUMBER AND NAME CITY/TOWN STATE ZIP

*\* required if you have lived at current address for less than 10 years*

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

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

IF NO DRIVER'S LICENSE, OTHER FORM OF ID: \_\_\_\_\_

### VERIFICATION:

PRINTED NAME OF VERIFYING EMPLOYEE SIGNATURE DATE

LOCATION/SCHOOL (circle one): EF MH TT NF MP LAW FHS Admin

DATE RECEIVED BY VIPS: \_\_\_\_\_ DATE RECEIVED BY ADMIN: \_\_\_\_\_



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## CRIMINAL OFFENDER RECORD INFORMATION (CORI) Acknowledgement Form

Falmouth Public Schools is registered under the provisions of M.G.L. c.6, § 172 to receive CORIs for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, and interns.

As a prospective or current employee, subcontractor, volunteer, or intern, I understand that a CORI check will be conducted for conviction, non-conviction, and pending criminal case information only and that it will not necessarily disqualify me.

I hereby acknowledge and provide permission to Falmouth Public Schools to submit a CORI check for my information to the Department of Criminal Justice Information Services (DCJIS). This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Falmouth Public Schools with written notice of my intent to withdraw my consent to a CORI check.

The Falmouth Public Schools may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that Falmouth Public Schools must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on this Acknowledgement Form and CORI Request Form is true and accurate.

\_\_\_\_\_  
PRINT LEGAL NAME (FIRST, MIDDLE INITIAL, LAST)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE