Franklin Public Schools



Office of the Superintendent of Schools 355 East Central Street Franklin, Massachusetts 02038

Telephone: (508) 541-5243 FAX: (508) 553-0321

CORI REQUEST FORM GFRAPS 1721 G

FRANKLIN PUBLIC SCHOOLS is registered under the provisions of M.G.L. c. 6, §172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors and/or volunteers. As a prospective or current employee, subcontractor, volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **FRANKLIN PUBLIC SCHOOLS** to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **FRANKLIN PUBLIC SCHOOLS** with written notice of my intent to withdraw consent to a CORI check.

Applicant/Employee/Volunteer Signature
(unless otherwise preempted by law)

Name of School
DATE OF EVENT: _____
(i.e. first time volunteering, intern, field trip, etc.)

APPLICANT/EMPLOYEE/VOLUNTEER INFORMATION (Please Print Clearly)

LAST NAME	FIRST NAME		MIDDLE NAME	PHONE NUMBER
MAIDEN NAME OR ALIAS (IF APPLICABLE)			PLACE OF BIRTH	
DATE OF BIRTH	SOCIAL SECURITY # (Last six (6) digits <u>required</u>)	MOTI	HER'S FULL & MAIDEN NAME	FATHER'S FULL NAME
GENDER:	HEIGHT:FT	IN.	EYE COLOR:	RACE:
CURRENT AND FO	RMER ADDRESSES:			
1			_2	
3			_4	
STATE DRIVER'S LICENSE NUMBER:				STATE OF ISSUE
	INFORMATION WAS VERI GRAPHIC IDENTIFICATION		Y REVIEWING THE FOLI	LOWING FORM OF GOVERNMENT
			VERIFIED BY:	
TYPE OF PHOT	TOGRAPHIC IDENTIFICATION			AME (PRINT)
			Sı	GNATURE

Franklin Public Schools Applicant/Employee/Volunteer Disclosure Form

	me (Please Print)	POSITION: i.e. teacher, volunteer, observation, etc.		
of cor	ecks on all applicants for emp verifying the information you	ve been authorized to perform Criminal Offense Record Information (CORI) ployee/volunteer services. The information is requested only for the purpose a will be providing concerning any criminal record you may have. A ssarily be a bar to serving as an employee/volunteer; all circumstances will be a on your application.		
Ple	ase read this carefully before	e answering the following question:		
sea of a (c)	led record on file with the observices which did not result your crimes were misdeme	criminal record consists only of one or more of the following: (a) a Commissioner of Probation, (b) a case of delinquency or a child in need It in a complaint transferred to Superior Court for criminal prosecution canors limited to a first offense for drunkenness, simple assault, speeding bance of the peace or affray.		
Ha	ve you been convicted of a fe	elony or misdemeanor? Yes \(\square\) No \(\square\)		
If '	'yes", give details including o	date, location (city and state), nature of offense and disposition.		
Ple	The statements and information are true and complete to the as an employee/volunteer see	nents carefully and completely before signing below: ation furnished by me in this Applicant/Employee/Volunteer Disclosure Form be best of my knowledge. I understand that I will not be permitted to perform be best of the Franklin Public Schools if at any time any material		
	falsification, omission, or m	nisrepresentation of fact in this form are discovered.		
>		my application to provide employee/volunteer services, the Franklin Public RI check on me, and that by signing below, I consent to this review.		
>	The FRANKLIN PUBLIC SCHOOLS may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that FRANKLIN PUBLIC SCHOOLS must first provide me with written notice of this check.			
>		de my consent to a CORI check and acknowledge that the information ledgement Form is true and accurate.		
		 Date		

☐ I do not wish to be considered for employment/volunteer because I do not want a CORI to be conducted.