

# Franklin Public Schools

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

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## 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)

Helen Keller Elem Sch

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

XXX- -  
SOCIAL SECURITY #  
(Last six (6) digits required)

MOTHER'S FULL & MAIDEN NAME

FATHER'S FULL NAME

GENDER: \_\_\_\_\_

HEIGHT: \_\_\_\_ FT. \_\_\_\_ IN.

EYE COLOR: \_\_\_\_\_

RACE: \_\_\_\_\_

### CURRENT AND FORMER ADDRESSES:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

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

\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT  
ISSUED PHOTOGRAPHIC IDENTIFICATION:

TYPE OF PHOTOGRAPHIC IDENTIFICATION

VERIFIED BY: \_\_\_\_\_

NAME (PRINT)

SIGNATURE

Turn over

Franklin Public Schools  
Applicant/Employee/Volunteer Disclosure Form

So that we may evaluate your application properly, please answer all questions carefully and completely in your own handwriting.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
POSITION: i.e. teacher, volunteer, observation, etc.

The Franklin Public Schools have been authorized to perform Criminal Offense Record Information (CORI) checks on all applicants for employee/volunteer services. The information is requested only for the purpose of verifying the information you will be providing concerning any criminal record you may have. A conviction record will not necessarily be a bar to serving as an employee/volunteer; all circumstances will be considered in making a decision on your application.

Please read this carefully before answering the following question:

You may answer "no" if your criminal record consists only of one or more of the following: (a) a sealed record on file with the Commissioner of Probation; (b) a case of delinquency or a child in need of services which did not result in a complaint transferred to Superior Court for criminal prosecution, (c) your crimes were misdemeanors limited to a first offense for drunkenness, simple assault, speeding, minor traffic offenses, disturbance of the peace or affray.

Have you been convicted of a felony or misdemeanor? Yes ☐ No ☐

If "yes", give details including date, location (city and state), nature of offense and disposition.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please read the following statements carefully and completely before signing below:

- The statements and information furnished by me in this Applicant/Employee/Volunteer Disclosure Form are true and complete to the best of my knowledge. I understand that I will not be permitted to perform as an employee/volunteer services for the Franklin Public Schools if at any time any material falsification, omission, or misrepresentation of fact in this form are discovered.
- I understand that as part of my application to provide employee/volunteer services, the Franklin Public Schools will conduct a CORI 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.
- By signing below, I provide my consent to a CORI check and acknowledge that the information provided on this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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