

# 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)

Remington Middle School

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 # MOTHER'S FULL & MAIDEN NAME FATHER'S FULL NAME  
(Last six (6) digits required)

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:

VERIFIED BY: \_\_\_\_\_  
TYPE OF PHOTOGRAPHIC IDENTIFICATION NAME (PRINT)  
SIGNATURE

**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.