

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.

Printed Legal Name (First, Middle Initial, Last):
Signature:
Date:



CORI Request Form

CORI form must be verified in person with a photo ID

I am applying as a (Check One):					
Job Applicant	Employee	Volunteer	Contractor	Intern	Other

(Please Print) Legal Last Name:	Legal First Name:	Middle Name:	Suffix:

Maiden Name (or other name(s) by which you have been known):

Last Six Digits of Social Security Number (required):	Date of Birth:
XXX-	

Place of Birth (City and State, or Country)

Sex:	Height (feet and inches):	Eye Color:

Race (optional):	Identity Theft Index Pin (if applicable):

Phone Number:

Email:

Current Street Address:

City/Town:	State:	Zip Code:

Former Street Address (required if you have lived at current address for less than 10 years):

City/Town:	State:	Zip Code:

Mother's Full Maiden Name:	Father's Full Name:

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 identification:							
VERIFICATION							
Printed Name of Verifying Employee:							
Signature of Verifying Employee:							
Date:							
Location/School (Check One):							
EF	MH	TT	NF	MP	LAW	FHS	Admin
Date Received by VIPS:				Date Received by Admin:			