



Weymouth Public Schools

89 Middle Street, Weymouth, MA 02189 | P: 781-335-1460 F: 781-340-2590

Robert Wargo, Superintendent

Melanie Curtin, Assistant Superintendent

Brian Smith, Assistant Superintendent

Criminal Offender Record Information (CORI) PERSONAL REQUEST FORM

DATE: _____

GWEYPS
CH1721-CH 385

SCHOOL: _____

SECRETARY, PLEASE COMPLETE, IF APPL:

Student _____

Contact Priority No. _____

REQUIRED INFORMATION (PLEASE PRINT)

The Weymouth Public Schools has been certified by the Criminal History Systems Board for access to all criminal case data including conviction, non-conviction and pending. As an applicant/employee/volunteer [check appropriate box and fill in description below], I understand that a criminal case information check will be conducted for conviction, non-conviction and pending criminal case information only; and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

☐ Current Employee ☐ Job Applicant ☐ Substitute ☐ Student Teacher/Intern ☐ Classroom Observer

☐ Subcontractor ☐ Chaperone ☐ Volunteer

Position/Subject Area/Nature of Activity or Event – as applicable

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOC SEC #
(Last 6 digits required)

MOTHER'S MAIDEN NAME

ADDRESS:

SEX: _____ HEIGHT: ____ ft. ____ in. WEIGHT: _____ EYE COLOR: _____

I hereby authorize a review of my application material by any individual or group of individuals in the applicant, student teacher, intern, volunteer selection process.

I hereby affirm that all information supplied by me in support of my candidacy is true and complete. I understand that if employed, falsified statements, as part of my application shall be considered sufficient cause for dismissal. I hereby release and hold harmless the Weymouth Public Schools and any providers of information about me from any liability, which may result.

SIGNATURE

DATE

PLEASE NOTE THAT A COPY OF YOUR DRIVER'S LICENSE OR US PASSPORT **MUST** BE SUBMITTED
BY YOU IN PERSON WITH THIS FORM!

TO BE COMPLETED BY THE SCHOOL DEPARTMENT DESIGNEE
THE INFORMATION ABOVE WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED
PHOTOGRAPHIC IDENTIFICATION:

DRIVER'S LICENSE # _____ and STATE _____ ☐ or US PASSPORT # _____

REQUESTED BY: _____

SIGNATURE OF CORI-AUTHORIZED EMPLOYEE

"A Professional Learning Community"