



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

SECRETARY, PLEASE COMPLETE, IF APPL:

Student _____

Contact Priority No. _____

DATE: _____

GWEYPS
CH1721-CH 385

SCHOOL: _____

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"