



DUDLEY-CHARLTON REGIONAL SCHOOL DISTRICT Background Documentation

All applicants, school transportation providers, substitutes, sub-contractors and others who may have direct and unmonitored contact with children, must complete the proper background checks prior to commencing service in the Dudley-Charlton Regional School District.

In this packet, you will find the appropriate forms, steps and documentation required by the Dudley Charlton Regional School District that will need to be completed prior to a new employee's first day of work within the District.

Please fill out and return the following documents attached:

1. **Acknowledgement of Applicant form** – A signature is required in each section of this document, including the following:
 - a) Criminal Offender Record Information (CORI) and State Applicant Fingerprint Identification System (SAFIS) Check
 - b) Acknowledgement of Applicant
 - c) Sex Offender Registry Information (SORI) Request/Acknowledgment Form
2. **Criminal Offender Record Information (CORI) Form** – Please fill out the attached CORI form with signature and include a copy of your driver's license or Massachusetts State identification card.
3. **State Applicant Fingerprint Identification System (SAFIS)** – Fingerprint-based state and national criminal record check is required and the appointment must be made prior to your first day of work in the District. Information on how to register at one of the Identogo locations is provided. There is a non-refundable fee of \$35-\$55.

Once the SAFIS registration is complete, a copy of your receipt along with your signed Acknowledgement of Applicant Form, CORI Form and copy of your identification card must be returned to the Superintendent's Office, attn: Celeste Andrade at candrade@dcrsd.org or at 68 Dudley-Oxford Road, Dudley, MA 01571.

For more information regarding the CORI Law or State Applicant Fingerprint Identification System, please visit dcrsd.org/about-dcrsd/district-employment.

CORI and SAFIS CHECK

Massachusetts General Law Chapter 71 § 38R requires that all schools obtain Criminal Offender Records Information (CORI) on all applicants for employment and obtain a state and national fingerprint-based criminal background check, pursuant to 42 U.S.C. section 16962, to determine the suitability of current and prospective school employees who may have direct and unmonitored contact with children. Hiring may be conditioned on a satisfactory CORI and SAFIS (State Applicant Fingerprint Identification System) check and refusal to sign a request form will result in not being selected for employment. (Please complete the attached CORI Request Form and register for a State Applicant Fingerprint Identification System appointment.)

I CERTIFY THAT THE RESPONSES MADE BY ME TO THE ABOVE QUESTIONS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE WITHHELD NOTHING THAT WOULD, IF DISCLOSED, AFFECT THIS EMPLOYMENT APPLICATION UNFAVORABLY.
I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND THEM.

Applicant Signature: _____

Date: _____

ACKNOWLEDGEMENT OF APPLICANT

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liabilities.

In the event of employment with the District, I will comply with all rules and regulations as set forth by District policy or other communications distributed to employees, which may be changed at the sole, unilateral discretion of the District, except as otherwise provided by applicable law. Additionally, I authorize the District to supply my employment record in whole or in part, and in confidence, to any prospective employer.

I hereby authorize: (1) the District to conduct a background inquiry to verify the statements and information of this application, other documentation which I have provided, and other areas that may be material to my possible employment, including but not necessarily limited to my present and prior employment, consumer credit, etc.; and (2) my present and/or former employers, educational institutions, references, credit reporting agencies and other persons to disclose to the District any and all information concerning my previous employment and any other pertinent information they may have, and I release all parties from any liability whatsoever resulting from such disclosure.

I agree that, except at the request and for the benefit of the District, I will not disclose to anyone or use for my own purpose any of the District's confidential or proprietary information, either during or after my employment.

I also understand that an offer of employment, if any, would be contingent on my successful completion of any post-offer, pre-employment physical or other medical examination that the District may require relative to my ability to perform the essential functions of the job. I further understand and agree that the District may require me to undergo and successfully pass a screening for alcohol and/or drugs during the hiring process and if employed.

I understand that any offer of employment is conditioned upon the satisfactory completion of the verification process as required by the Immigration Reform and Control Act of 1986 and other applicable laws, if any, as amended from time to time, and that the District will only hire and retain those individuals who are legally authorized to work in the United States and who present acceptable proof of their lawful employment status and identity.

I understand that the receipt and consideration of this application does not imply that I will be employed.

I ALSO CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE, AND COMPLETE. I UNDERSTAND THAT I WILL BE SUBJECT TO DISQUALIFICATION FROM EMPLOYMENT OR IMMEDIATE DISMISSAL AT THE DISTRICT'S SOLE DISCRETION, IF AT ANY TIME THE DISTRICT DISCOVERS ANY MATERIAL FALSIFICATION, OMISSION OR MISREPRESENTATION OF FACT IN THIS APPLICATION.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND THEM. (Revised 11/2018)

Applicant Signature: _____

Date: _____

**SEX OFFENDER REGISTRY INFORMATION (SORI)
REQUEST/ACKNOWLEDGEMENT FORM**

Massachusetts General Law Chapter 6 § 178C-178P

As an applicant/employee/volunteer or sub-contractor for the Dudley Charlton Regional School District, I authorize to use the local and national Sexual Offender Registry Information to determine if I pose an unreasonable risk to students.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND THEM.

Applicant Signature: _____

Date: _____



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200**
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



**This form is not to be faxed. Please return form to organization .
Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

_____ is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

_____ (Organization)
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 _____ (Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that _____ (Organization) may conduct subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject _____
Date

Purpose of the CORI (Please Check Below)

- Current Employee (CORI Renewal)
- New Employee/Applicant
- Sub-Contractor
- Student Teacher/Intern

Please include a copy of one of the following forms of non-expired Government issued photographic identification:

- Drivers License
- State Identification Card
- Passport



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services**
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ____ -- ____ No Social Security Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date



DUDLEY-CHARLTON REGIONAL SCHOOL DISTRICT SAFIS Information

(State Applicant Fingerprint Identification System)

In September 2013, Governor Patrick signed into law, Chapter 77 of the Acts of 2013, "An Act Relative to Background Checks." This law expands on what we as public schools already do with Criminal Offender Record Information (CORI) checks. It requires a fingerprint-based state and national criminal record check for all school employees, student teachers and substitute teachers.

The State Applicant Fingerprint Identification System (SAFIS) MorphoTrust USA IdentogoTM has been created for implementing this system. MorphoTrust has opened a new location to collect fingerprints at 850 Southbridge Street, Suite 4, Auburn, MA 01501.

Newly hired employees must be fingerprinted prior to the start of employment.

To register:

<http://www.identogo.com/FP/Massachusetts.aspx>

Select Online Scheduling and follow the instructions.

Or by phone at (866) 349-8130

You will be required to provide the Dudley-Charlton Regional School District DESE Organization Code: **06580000**.

(also called Provider ID Number)

If you are working in one of our schools, please use the following codes which apply to the specific building that you work in:

Shepherd Hill: 06580505

Dudley Middle School: 06580305

Charlton Middle School: 06580310

Dudley Elementary School: 06580005

Heritage School: 06580030

Mason Road School: 06580010

Charlton Elementary School: 06580020

*If you work in multiple buildings, please use the Main Organization Code: **06580000**

Individuals will pay a fee to comply with this requirement:

\$35 – Non-licensed employees

\$55 – DESE Licensed Professionals

Substitute teachers are school employees under the law and, therefore, must submit their fingerprints for the state and national background checks. If a substitute teacher holds an educator license issued under M.G.L. C. 71, §38G, the fee will be \$55. Otherwise, the \$35 fee will apply.

When you have completed your fingerprinting, you will be provided with a receipt. You **must return a copy** of this receipt to Cheryl Kozub or Celeste Andrade in the Superintendent's Office. This serves as confirmation that fingerprints were captured.

For more information please visit:

[SAFIS Program Registration Guide](#)

<http://www.malegislature.gov/Laws/SessionLaws/Acts/2013/Chapter77>

If you have further questions, please contact:

Cheryl Kozub, Executive Assistant to the Director of Finance/Operations, ckozub@dcrsd.org

Celeste Andrade, Executive Assistant, candrade@dcrsd.org

