

**WAKEFIELD PUBLIC SCHOOLS**  
**OFFICE OF THE SUPERINTENDENT OF SCHOOLS**

60 Farm Street  
Wakefield, Massachusetts 01880-3570  
Telephone 781 246-6400  
FAX 781 245-9164

Date: \_\_\_\_\_

WAKPS  
CH385  
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Wakefield 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 for the position of \_\_\_\_\_ at the \_\_\_\_\_ School, I understand that a criminal record 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.

**APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)**

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Place of Birth:

\_\_\_\_\_  
Maiden Name or Alias (If applicable)

Date of Birth: \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Mother's Maiden Name

\_\_\_\_\_  
Former Addresses:

\_\_\_\_\_  
Sex: \_\_\_\_\_ Height: Ft \_\_\_\_\_ Inches \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color \_\_\_\_\_

\_\_\_\_\_  
State Driver's License Number:

\*\*\*The above information was verified by reviewing the following form of Government issued photographic identification: \_\_\_\_\_

\_\_\_\_\_  
Requested by: \_\_\_\_\_  
Signature of CORI Authorized Employee