

Lowell Public Schools  
Office of Personnel and Recruitment

EMP NO: \_\_\_\_\_

**Day to Day Substitute Teacher Application**

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Employee Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Minority Code (below): \_\_\_\_\_  
Minority Code: 1 = Black 2 = Hispanic 3 = Native American 4 = Asian 5 = Other

Degree Code (circle): NONE      BACHELOR      MASTERS      MASTERS +

List Degree(s): \_\_\_\_\_

Institution: \_\_\_\_\_

Concentration: \_\_\_\_\_

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

Teacher Licensure:  No  Yes, License # \_\_\_\_\_

\* If yes, Area: \_\_\_\_\_ Gr. Level: \_\_\_\_\_  
Area: \_\_\_\_\_ Gr. Level: \_\_\_\_\_

School Preference(s): \_\_\_\_\_

Grade Preference(s): \_\_\_\_\_

**PLEASE DO NOT COMPLETE BELOW  
FOR OFFICE USE ONLY**

Salary: \_\_\_\_\_ Retired Teacher/ Administrator: \_\_\_\_\_ YES \_\_\_\_\_ NO

Official Transcripts: \_\_\_\_\_ YES \_\_\_\_\_ NO

CORI APPROVED \_\_\_\_\_ YES \_\_\_\_\_ NO

I9 FORM \_\_\_\_\_

X2 ENTERED \_\_\_\_\_  
FINGERPRINTING \_\_\_\_\_

Sent To : Payroll \_\_\_\_\_  
Aesop \_\_\_\_\_  
File \_\_\_\_\_

HR Director: \_\_\_\_\_

**Lowell Public Schools, Lowell MA**  
**CRIMINAL OFFENDER RECORD INFORMATION (CORI)**  
**ACKNOWLEDGEMENT FORM**

Lowell Public Schools is registered under the provisions of M.G.L. c.6, & 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers. As a prospective or current employee, subcontractor, volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Lowell Public Schools to submit a CORI check for my information to the DCJIS. This authorization is valid for the current school year. By signing below, I provide my consent to a CORI check and acknowledge that the information provided below is true and accurate.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Position: Day to Day Substitute**

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

**This CORI will not be processed without all requested information below**

| <b>Last Name</b> | <b>First Name</b> | <b>Middle Name</b> | <b>Suffix</b> |
|------------------|-------------------|--------------------|---------------|
|------------------|-------------------|--------------------|---------------|

**Maiden Name** \_\_\_\_\_ (or other name(s) by which you have been known)

|                            |                             |   |
|----------------------------|-----------------------------|---|
| <b>Date of Birth</b> _____ | <b>Place of Birth</b> _____ | <b><u>LAST SIX Digits</u></b> of Your Social Security # _____ |
|----------------------------|-----------------------------|---|

**Sex:** \_\_\_\_\_ **Height:** \_\_\_\_\_ ft. \_\_\_\_\_ in. **Eye Color:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**Driver's License or ID Number:** \_\_\_\_\_ **State of Issue:** \_\_\_\_\_

**Mother's Full Maiden Name** \_\_\_\_\_ **Father's Full Name** \_\_\_\_\_

|   |                        |                    |                  |
|---|------------------------|--------------------|------------------|
| <b>Current Street Number and Name</b> _____ | <b>City/Town</b> _____ | <b>State</b> _____ | <b>Zip</b> _____ |
|---|------------------------|--------------------|------------------|

|  |                        |                    |                  |
|--|------------------------|--------------------|------------------|
| <b>Former Street Number and Name</b> _____ | <b>City/Town</b> _____ | <b>State</b> _____ | <b>Zip</b> _____ |
|--|------------------------|--------------------|------------------|

**THE ABOVE INFORMATION WAS VERIFIED BY  
 REVIEWING THE FOLLOWING FORM OF  
 GOVERNMENT ISSUED PHOTOGRAPHIC  
 IDENTIFICATION**

A legible copy of this ID must be sent to  
 Personnel to be placed on file.

Verified By: Office of Human Resources, Personnel &  
 Recruitment

