

# Crosby Independent School District

## MAINTENANCE APPLICATION

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital or veteran status, the presence of a medical condition, disability, or any other legally protected status.

Date of Application \_\_\_\_\_ Social Security No. \_\_\_\_\_

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

Current Address \_\_\_\_\_  
Street/Box City State Zip

Home Phone No. \_\_\_\_\_ Emergency Phone No. \_\_\_\_\_

Person to notify in case of emergency \_\_\_\_\_

Position for which you are applying \_\_\_\_\_

Hours available for work \_\_\_\_\_

Have you ever been convicted of a felony or offense involving moral turpitude (including, but not limited to theft, rape, murder, swindling, and indecency with a minor)? yes \_\_\_ no \_\_\_ If yes, please state where, when, and the nature of the offense: \_\_\_\_\_

Do you have a relative who is a member of the Crosby ISD Board of Education? yes \_\_\_ no \_\_\_ If yes, please give the name of relative and relationship: \_\_\_\_\_

### EDUCATIONAL TRAINING

\_\_\_ High school graduate (Circle last grade completed) 1 2 3 4 5 6 7 8 9 10 11 12

\_\_\_ GED

\_\_\_ Two or more years college

\_\_\_ Less than two years of college

\_\_\_ Other training or education

Please provide a complete listing of all other jobs you have held in the past 3 years. Attach additional sheets if necessary. Please attach a resume, if available.

### EMPLOYMENT EXPERIENCE

Firm Name	Position/Title	Dates Employed	Reason for Leaving

CONTINUED ON BACK SIDE

**SPECIAL SKILLS**

List specific skills and/or any machines or equipment you can operate.

- 1. \_\_\_\_\_ 4. \_\_\_\_\_
- 2. \_\_\_\_\_ 5. \_\_\_\_\_
- 3. \_\_\_\_\_ 6. \_\_\_\_\_

Please list below references who may be contacted regarding your work history.

Firm Name	Mailing Address	Area Code/Phone No.	Immediate Supervisor	Dates Employed

**VERIFICATION**

This application, if properly filled out, will be kept in open file until the first of September. If the applicant is not appointed by that date and he/she still wishes to be considered for an appointment, renewal of the application must be requested.

The above are true and accurate statements. I agree that any purposeful omission or false statements will be constitute grounds for immediate dismissal. I also understand that unless this application is completed in detail it will not be considered.

I have applied for a position with the Crosby Independent School District. In order that the Administration of this school may be fully informed as to my personal character and qualifications for employment, I do hereby release them and the person completing evaluation from any and all liability for damage of whatsoever nature due to information as may be requested by the Crosby Independent School District. I further agree that the information requested will become a part of my personnel file if I am employed by the district. I understand that a criminal history record check will be conducted as required by state law.

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

Please Return TO:

PERSONNEL OFFICE  
CROSBY INDEPENDENT SCHOOL DISTRICT  
P.O. BOX 2009  
CROSBY, TEXAS 77532