

Crosby Independent School District

Aide 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 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/s for which you are applying: Classroom Aide __, Sp.Ed.Aide __, Computer Lab Aide __

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		
Name of School	Course of Study	Diploma, Degree, or Certificate
EXPERIENCE		
Experience working with children: Yes ___ No ___	Computer: Yes ___ No ___	Software:
Typing: Yes ___ No ___ Audiovisual Equip: Yes ___ No ___	Calculator: Yes ___ No ___	Other skills not listed:

Please provide a complete listing of all other jobs you have held in the past 5 years. Attach additional sheets if necessary. Please attach a resume, if available.

EMPLOYMENT EXPERIENCE			
School/Firm Name	Position/Title	Dates Employed	Reason for Leaving

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

School/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 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 my 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