CROSBY INDEPENDENT SCHOOL DISTRICT

Substitute Custodial 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:	First	Middle
Current Address:			
Home Phone No:	Other conta	act No:	
Person to notify in case of emergency:	Phoi	ne No:	!
Hours available to work:			
Have you ever been convicted of a felone to theft, rape, murder, swindling, and income when and the nature of the offense:	decency with a minor)? Yes_	NoIf yes, pleas	e state where,
Do you have a relative who is a member give the name of the relative and relation	nship:		
Please provide a complete listing of all o sheets if necessary. Please attach a resu		e past 3 years. Attach	
	EDUCATIONAL HISTORY		1
High School Graduate	Circle last grade complete	ed 12345678	9 10 11 12
GED	Less than 2 years (of college	
Two or more years of college	Other training or o	education:	

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

	<u> </u>	MPLOYMENT HISTOR	Υ	
Company Name	Position/1	itle Dates	Employed	Reason for Leaving
		SPECIAL SKILLS		
	SPECIAL SKILLS			
.				
				
Please list below, ref	erences who may be co	ontacted regarding yo	ur work history.	
Company Name	Mailing Address	Phone Number	Immediate	Dates Employed
			Supervisor	
·····				
		VERIFICATION		
The above are true a	nd accurate statement	ts. I agree that any pu	rposeful omission	or false statements will
constitute grounds f	or immediate dismissa	l. I also understand th	at unless this appli	ication is completed in
detail it will not be o				
I have applied for a s	substitute position wit	h the Crosby Independ	lent School District	. In order that the
Administration of th	is school may be fully i	informed as to my per	sonal character and	d qualifications for
employment, I do he	ereby release them and	the person completing	ng evaluation from	any and all liability for
damage of whatsoe	ver nature due to infor	mation as may be req	uested by the Cros	by Independent School
District. I further ag	ree that the information	on requested will beco	ome a part of my pe	ersonnel file if I am
employed by the dis	strict. I understand tha	t a criminal history re	cord check will be o	conducted as required by
state law.				
Juice lave.				
Date:	Signature:			
Diago actuen to:				
Please return to:				
Personnel Office				:
Crosby Independent	t School District			•

P.O. Box 2009

Pre-Employment Affidavit for Applicant

For purposes of this affidavit:

Adjudication and conviction refer to a conviction, plea of guilty or no contest (nolo contendre), probation, suspension, or deferred adjudication.

Charge refers to a formal criminal charge as documented by a primary charging instrument (a complaint, information, or indictment) under the Texas Code of Criminal Procedure.

Inappropriate relationship refers to the crime of improper relationship between educator and student in Texas Penal Code section 21.12, and any other inappropriate relationship as determined by the State Board for Educator Certification.

I declare the following:	
I have never been charged with, adjudicated for, or correlationship with a minor.	nvicted of having an inappropriate
I have been charged with, adjudicated for, or convicted relationship with a minor. The charge, adjudication, or false. The following are all of the relevant facts pertain conviction:	or conviction was determined to be
I have been charged with, adjudicated for, or convicted relationship with a minor. The charge, adjudication, or true. The following are all of the relevant facts pertain conviction:	or conviction was determined to be ning to the charge, adjudication, or
Declaration of Applicant	
The following affidavit is offered to satisfy the requirement of I a pre-employment affidavit, in accordance with Texas Civil Pra 132.001. An applicant who is offered employment will be asked attesting to the same. I declare under penalty of perjury that the foregoing is true a	actices and Remedies Code Section d to complete a notarized affidavit
Name (First, Middle, Last)	Date of Birth
Address (Street, City, State, Zip Code)	County
Executed in County, State of on the State	e day of Date Month Year
(Signature of Declarant)	
(Signature of Declarant) I understand that the date of birth I am providing will not be used to will be used solely for the purpose of this unsworn declaration.	co determine eligibility for employment but

Approved by the Texas Commissioner of Education, October 2017.

This form will be processed separately and not