

# EMPLOYMENT APPLICATION



## CROSBY INDEPENDENT SCHOOL DISTRICT TRANSPORTATION DEPARTMENT

P.O. Box 2009      14670 FM 2100      Crosby, TX. 77532  
Ph 281-328-9200      Fax 281-328-9375      www.crosbyisd.org

### PLEASE PRINT OR TYPE ALL INFORMATION

\_\_\_\_\_  
(Last Name)                      (First Name)                      (Middle Name)

Present Address: \_\_\_\_\_

\_\_\_\_\_  
(City)                      (State)                      (Zip Code)

Name & Address of person to notify in case of emergency: \_\_\_\_\_

Have you ever had a license suspended, revoked or cancelled?      Yes      No

If yes, please explain: \_\_\_\_\_

Do you have any criminal charges or proceedings pending against you?

Yes      No      If yes, please explain: \_\_\_\_\_

Have you ever been convicted of any specific criminal offense or serious traffic violation?      Yes      No      If yes, please explain: \_\_\_\_\_

Have you in the past 3 years been convicted or forfeited bond or collateral for any violation of motor vehicle laws or ordinances, (other than violations involving only parking)?      Yes      No      If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a felony?      Yes      No      If yes, please explain: \_\_\_\_\_

List all states in which you have held a motor vehicle operator's license or permit within the past seven years: \_\_\_\_\_

Have you attended school or work under a different name?      Yes      No      If yes, Name: \_\_\_\_\_

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: \_\_\_\_\_

Condition of health for past two years: \_\_\_\_\_

Have you ever been absent from work for a period of more than one week due to illness or injury?      Yes      No      If yes, what was the nature of the illness or injury? \_\_\_\_\_

Position desired: (Indicate a 1st and 2nd choice). \_\_\_\_\_

Hours available for work: \_\_\_\_\_ Are you seeking employment for           10           11           12 Months?

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

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

Home Phone: \_\_\_\_\_

Emergency No. \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Driver's License # \_\_\_\_\_

D.L. Class: \_\_\_\_\_

D.L. Expiration: \_\_\_\_\_

Driver Certification      Yes      No

Social Security # \_\_\_\_\_

APPLICATION INFORMATION

\_\_\_\_\_ High School Graduate

\_\_\_\_\_ Last Grade Completed

\_\_\_\_\_ Not High School Graduate

\_\_\_\_\_ College

\_\_\_\_\_ GED

\_\_\_\_\_ Other Training or Education \_\_\_\_\_

EDUCATION / TRAINING

Employer	Date	Address	Type of Work	Reason for Leaving

EMPLOYMENT HISTORY

**VERIFICATION:**

I hereby affirm that all information provided in this addendum is true and accurate to the best of my knowledge, and I understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

Furthermore, I authorize that the information provided above may be used, and previous employers may be contacted for investigation purposes and that all parties are released from all liability for any damage that may result from furnishing information to you.

The Crosby Independent School District - in compliance with the Title VII, American Disability Act, Age Discrimination in Employment Act, Section 504 of the Rehabilitation Act of 1973 and other statutes - seeks to provide equal opportunity without regard to race, color, religion, national origin, sex, age, marital or veteran status, the presence of a medical condition, disability, or any other legally protected status. This policy extends to the employment and all programs and activities conducted by the district. For further information, contact the Office of the Superintendent, Crosby Independent School District, 706 Runneburg Rd. Crosby, Texas 77532.

VERIFICATION

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**NOTICE OF HIRING PROCEDURE:**

Crosby Independent School District's Transportation Department will provide training at no charge to applicants applying for bus driver, bus aide, bus monitor and alternate driver positions. To ensure consideration for these positions, five evaluations must be passed. Your signature indicates acknowledgement and understanding of this hiring procedure.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

NOTICE