EMPLOYMENT APPLICATION

CROSBY INDEPENDENT SCHOOL DISTRICT TRANSPORTATION DEPARTMENT

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

	PLEASE PRINT OR TYPE ALL INFORMATION		Application Date:		
			Home Phone:		
(Last Name)	(First Name)	(Middle Name)			
Present Address:			Emergency No.		.
			Cell Phone:		
(City)	(State)	(Zip Code)	Cell 1 Hone.		
			Email:		
Name & Addre	ess of person to notify in case of	emergency:	Driver's License #		
Unio 1914 a Bana		Nada Vaa Na	D.I. Olesen		
	se suspended, revoked or cance		D.L. Class:		
			D.L. Expiration:		
Do you have any criminal	charges or proceedings pending	against you?	Driver Certification	Yes	No
		<u> </u>	•		
·			Social Security #		
lave you ever been convi	cted of any specific criminal offer	nse or serious traffic violation	? Yes No	If yes, please	explain:
than violations involving or	nly parking)? Yes No	If yes, please explain:	ion of motor vehicle laws or		
than violations involving or					<u></u>
Have you ever been convid		No If yes, please explain	:		<u></u>
Have you ever been conviduately and a states in which you	cted of a felony? Yes N	No If yes, please explain	the past seven years:		
lave you ever been conviding it is all states in which you have you attended school	cted of a felony? Yes N	No If yes, please explaint tor's license or permit within Yes No If y	the past seven years:		
dave you ever been conviduately all states in which you have you attended school on you have a relative who elative and relationship:	ted of a felony? Yes N have held a motor vehicle opera or work under a different name?	No If yes, please explaint tor's license or permit within Yes No If y	the past seven years: yes, Name: Yes No If yes, p		
dave you ever been conviduals all states in which you dave you attended school or you have a relative who elative and relationship: Condition of health for past lave you ever been absentiated.	cted of a felony? Yes have held a motor vehicle opera or work under a different name? o is a member of the Crosby ISD t two years:	No If yes, please explaint tor's license or permit within Yes No If yes Board of Education?	the past seven years: /es, Name: Yes No If yes, p or injury? Yes	lease give the na	
Have you ever been conviduals all states in which you have you attended school to you have a relative who elative and relationship:	cted of a felony? Yes N have held a motor vehicle opera or work under a different name? o is a member of the Crosby ISD t two years: of from work for a period of more	tor's license or permit within Yes No If y Board of Education?	the past seven years: /es, Name: Yes No If yes, p or injury? Yes	lease give the na	ame of
Have you ever been convidualist all states in which you have you attended school of you have a relative who elative and relationship: Condition of health for past fave you ever been absentature of the illness or injuriature of the illness or injuriature.	cted of a felony? Yes N have held a motor vehicle opera or work under a different name? o is a member of the Crosby ISD t two years: of from work for a period of more	tor's license or permit within Yes No If y Board of Education?	the past seven years: yes, Name: Yes No If yes, p or injury? Yes	lease give the na	ame of

·	High School (Graduate	·	Last Grade Completed	EDUCATION / TRAINING
	Not High Scho	ool Graduate		College	T/NOL
·	GED	·		Other Training or Education	EDUCAT
Employer	Date	Address	Type of Work	Reason for Leaving	$\neg \mid$
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				 	EMPLOYMENT HISTORY
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deliberate falsifications subsequent employment employment. Furthermore, I authorize purposes and that all purposes are all purposes and that all purposes and that all purposes and that all purposes are all purposes and that all purposes and that all purposes are all purposes and that all purposes are all purposes and that all purposes and that all purposes are a	s, misrepresentation ent. ze that the information parties are released ent School District - in abilitation Act of 19 e, marital or veteran employment and all p	s, or omissions of fact may be use from all liability for any damag n compliance with the Title VII 73 and other statues - seeks to status, the presence of a med	e grounds for rejection of months and previous employers e that may result from furning the provide equal opportunity dical condition, disability, or sted by the district. For furtiseted by the district.	y knowledge, and I understand that any y application or dismissal from s may be contacted for investigation ishing information to you. Age Discrimination in Employment Act, without regard to race, color, religion, or any other legally protected status. This her information, contact the Office of the	VERIFICATION
			Signature of Appli	cant Date	-
NOTICE OF HIRIN	IG PROCEDUR	E:			
aide, bus monitor and a	ilternate driver positi	sportation Department will provious. To ensure consideration and understanding of this hiri	for these positions, five ev	o applicants applying for bus driver, bus valuations must be passed.	NOTICE
			Signature of Applic	cant Date	-
,			· <u>-</u>		

CROSBY INDEPENDENT SCHOOL DISTRICT ADDENDUM TO APPLICATION REFERENCES

Maille					
Relationship:		·			
Address:		<u></u>			-
		State			
Email Address:					
Phone:					_
How long have you k	nown this inc	lividual?	· · · · · · · · · · · · · · · · · · ·		-
From					
Reference Letter:		NO			
					_
Name:		·			
Relationship:	<u></u>				
Address:					<u> </u>
City		State	Zip	Country	
Email Address:				,, <u></u>	
Phone:					
How long have you k					
rom					
Reference Letter:		NO			
					-
Name:					
Relationship:					-
Address:					
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City		State	Zip	Country	
Phone:					
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rom		То			
Reference Letter:	YES	NO			•

CROSBY INDEPENDENT SCHOOL DISTRICT Addendum to Application Confidential

The Crosby Independent School District is required by state law to obtain criminal history information on applicants being considered for employment with the district (Texas Education Code Section 21.917). The information requested below is necessary to obtain criminal history record information.

Please Print		• •	
Name:			
Last	First		MI
Address:			
Street	City	State	Zip
Social Security #:	D.O.B:	Sex:	_MaleFemale
DL State:DL#:	Phone #:		-
Ethnicity:BlackWI	hiteHispanicOther (Please spe	ecify)	·
understand the informatio letermine eligibility for emp istory record information.	on I am providing about age, sex ar loyment, but will be used solely for t	nd ethnicity the purpose o	will not be used to of obtaining crimina
ignature	· · · · · · · · · · · · · · · · · · ·		
Pate	,	· .,	

This form will be removed from the application and filed separately in the personnel office.

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.	onvicted of having an inappropriate
I have been charged with, adjudicated for, or convicted relationship with a minor. The charge, adjudication, of false. The following are all of the relevant facts perta conviction:	or conviction was determined to be ining to the charge, adjudication, or
I have been charged with, adjudicated for, or convicted relationship with a minor. The charge, adjudication, of 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 a pre-employment affidavit, in accordance with Texas Civil Pro 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	Date Month Year
(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."	determine eligibility for employment but

This form will be processed separately and not shared with the hiring manage

Approved by the Texas Commissioner of Education, October 2017.