

Department _____

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 in the district.
(Texas Education Code Section 21.917)*

Please **print** the following information:

Email Address _____

Last Name _____

First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Phone Number _____

Social Security # _____ Date of Birth _____

Drivers License # _____ State Issued _____ Sex: Male/Female

Ethnicity (circle one) BLACK WHITE HISPANIC OTHER _____

*I understand the information I am providing about age, sex, and ethnicity will not be used to determine eligibility
for employment, but will be used solely for the purpose of obtaining criminal history record information.*

Signature

Date

Fingerprints completed _____

Background Approved _____



CROSBY
INDEPENDENT
SCHOOL DISTRICT

**STUDENT TEACHER/
CLASSROOM
OBSERVATION
FORM**

Date: _____

Name: _____

Phone

Number: _____ Email: _____

University/ College Attending:

Campus

Requesting: _____

Observation Hours

Total

Hours Needed: _____ Subject Area: _____

Grade Level: _____

Student Teaching

Subject Area: _____ Grade

Level: _____

Requested Assignment Dates

Start Date: _____ End Date: _____

Number of Sessions: _____

Office Use Only:

Date Received: _____

Campus: _____

Mentor Teacher: _____

Grade Level: _____

HR Approval: _____

Background Completed: _____