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)

Department	
Date Received:	

Please print the following	g information:					
Email Address				_		
Last Name				_		
First Name			Midd	le Initial		
Address						
City		State		Zip		
Phone Number			_			
Social Security #				Date of Birth_		
Driver's License #		Sta	ate Issued	<u> </u>	Sex: Male	Female
Ethnicity (circle one)	BLACK	WHITE HIS	SPANIC	OTHER_		
I understand the info for employment, but						o determine eligibility information.
O'con a trong				Finge	rprints Submitte	ed
Signature		Date		Finge	rprints Approve	d
This form will be removed fr	om the application a	and filed separately in the pe	ersonnel office	_	гріпісь Арргоче	u
				Backg	round Approve	d