Department	 	
Date:		

Crosby Independent School District

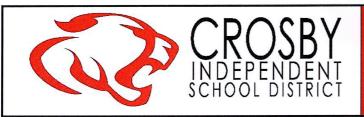
Addendum to Application Confidential

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	on:				
Email Address					
Last Name					
First Name		Middle	e Initial		
Address	City	St	ate	Zip	
Phone Number					
Social Security #	Date of Birt	h			
Driver's License #	State Issue	ed\$	Sex: Male/F	emale	
Ethnicity (circle one) BLACK	WHITE HISI	PANIC	OTHER		
I understand the information I am pa for employment, but will be used so					
Signature	Date		Fingerprin	ts Submitted	
			Fingerprin	ts Approved	
			Backgroun	d Approved	

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



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:	