

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:

Email Address _____

Last Name _____

First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Phone Number _____

Social Security # _____ Date of Birth _____

Driver's 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 Submitted _____

Fingerprints Approved _____

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: _____