

Crosby Independent School District

CUSTODIAL APPLICATION

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital or veteran status, the presence of a medical condition, disability, or any other legally protected status.

Date Application _____ Social Security No. _____

Name _____
Last First Middle Initial

Current Address _____
Street/Box City State Zip

Home Phone No. _____ Emergency Phone No. _____

Person to notify in case of emergency _____

Have you ever been convicted of a felony or offense involving moral turpitude (including, but not limited to theft, rape, murder, swindling, and indecency with a minor)? Yes___ No___ If yes, please state where, when, and the nature of the offense:

Do you have a relative who is a member of the Crosby ISD Board of Education? Yes___ No___
If yes, please give the name of relative and relationship:

EDUCATIONAL TRAINING

___ High school graduate (Circle last grade completed) 1 2 3 4 5 6 7 8 9 10 11 12
___ GED
___ Two or more years college
___ Less than two years of college
___ Other training or education

Please Provide a complete listing of all other jobs you have held in the past 3 years. Attach additional sheets if necessary. Please attach a resume, if available.

EMPLOYMENT EXPERIENCE

Firm Name	Position/Title Dates	Dates Employed	Reason for Leaving

SPECIAL SKILLS

List specific skills and /or any machines or equipment you can operate.

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

Please list below references who may be contacted regarding your work history.

Firm Name	Mailing Address	Area Code/Phone No.	Immediate Supervisor	Dates Employed

VERIFICATION

This application, if properly filled out, will be kept in open file until the first of September. If the applicant is not appointed by that date and he/she still wishes to be considered for an appointment, renewal of the application must be requested.

The above are true and accurate statements. I agree that any purposeful omission or false statements will constitute grounds for immediate dismissal. I also understand that unless this application is completed in detail it will not be considered.

I have applied for a position with the Crosby Independent School District. In order that the Administration of this school may be fully informed as to my personal character and qualifications for employment, I do hereby release them and the person completing evaluation from any and all liability for damage of whatsoever nature due to information as my be requested by the Crosby Independent School District. I further agree that the information requested will become a part of my personnel file if I am employed by the district. I understand that a criminal history record check will be conducted as required by state law.

Date: _____ Signature: _____

Please Return To:
Personnel office
Crosby Independent School District
P.O. Box 2009
Crosby, Texas 77532