

# CROSBY INDEPENDENT SCHOOL DISTRICT

## Background Check

### Observer/Student Teacher/Field Experience

The Crosby Independent School District is authorized by state law to obtain criminal history information on applicants being considered for \_\_\_\_\_. The information below is necessary to obtain such criminal history record information.

Please Print

Name: \_\_\_\_\_  
Last First Middle Name

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

DL State: \_\_\_\_\_ DL#: \_\_\_\_\_ Phone #: \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female Marital Status: \_\_\_\_\_

Email: \_\_\_\_\_

Ethnicity: Black White Hispanic Other (Please specify) \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City Zip Code

Previous Address: \_\_\_\_\_  
Street City Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

Campus: \_\_\_\_\_