



ALDINE INDEPENDENT SCHOOL DISTRICT

15010 Aldine Westfield Road • Houston, Texas, 77032-3099 • (281) 985-6309 • www.aldine.k12.tx.us

OBSERVATION HOURS

Student Name _____ Date _____

Address _____

Phone Number _____

University _____

Campus (you like to observe) _____

Have you obtained approval from the campus principal? _____

Email address _____ Hours _____

For office use only

_____ *CRS Completed

_____ *Copy of Texas Drivers License

_____ *Copy of Social Security

_____ *Copy of Course Description

CRS: Date Completed _____

_____ HR Approval Circle Semester: Fall or Spring Year: _____

_____ Student Notified _____

_____ Principal Emailed _____

*Affix copy



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CONSENT TO PERFORM CRIMINAL HISTORY CHECK AND ADVISING OF RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

I, (print) _____, am an applicant for employment in a position with the Aldine Independent School District. I have been advised that, as part of the hiring process, the district conducts criminal history background checks. I understand that if I am successful in gaining employment with the district that additional criminal background checks will be conducted on an annual basis. I also understand that certain criminal charges as listed by TEC 22.085 will lead to denial of employment or termination of employment.

I, (print) _____, do hereby consent to the district use of any information provided during the hiring process in performing the criminal history background check. I also understand that failure to disclose any information related to any criminal activities could result in disqualification of employment or termination from employment.

I have been informed by the district that I have the right to review and challenge any negative information that would adversely impact the district's decision to offer this position. I have also been advised that the district will give me a reasonable opportunity to clear up any mistaken information reported. However, I do understand that time is of the essence and reasonableness of time is within the sole discretion of the district.

The district has informed me that under the Fair Credit Reporting Act, I have certain rights concerning my review of the information reported. I will be provided the name, address, and telephone number of the reporting agency as well as the nature and substance of all information and the source.

Signed this _____ day of _____

Applicant Name (First, Middle, Last)

District Representative

PLEASE COMPLETE THE REVERSE SIDE

▼ Personal Information (Print or Type)

Last Name		First Name		Middle Name
Maiden and/or Other Names Used		Address (as it appears on your application)		
City	State	ZIP Code	County	
Date of Birth	Social Security Number		Phone Number: () -	
Driver's License State & Number:			E-mail:	
Gender	Citizenship	Ethnicity	Position Applying For	
<input type="checkbox"/> Female	<input type="checkbox"/> Citizen	<input type="checkbox"/> Asian	<input type="checkbox"/> Teacher	
<input type="checkbox"/> Male	<input type="checkbox"/> Naturalized Citizen	<input type="checkbox"/> African American	<input type="checkbox"/> Substitute	
	<input type="checkbox"/> Alien	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Paraprofessional	
		<input type="checkbox"/> Caucasian	<input type="checkbox"/> Auxiliary	
		<input type="checkbox"/> Other	<input type="checkbox"/> Other	

▼ List All Previous Home and Work Addresses (Print or Type)

City / Town	County	State	From	To

This information will not be used to determine eligibility for employment but will be used solely for the purpose of obtaining criminal history record information.