



### Notes

- If you answered yes to **Question 12a, 12b, 12c, 12d, or 12e**, above, you are required to complete and submit a **PERS 282A, Additional Offender Information** form. This form is available from the TDCJ website.
- If you have a personal relationship with an offender, who is not a relative, be sure to read the “Offender Relationships” paragraph on Page 4 of this Supplement.

### IMPORTANT

Read the definition of conviction in **Question 15**. When answering questions 13 through 15, **do not include**: (1) any violation of law committed before your 17th birthday, if the final decision was made in juvenile court or under a youth offender law; (2) any conviction whose record was expunged under Federal or State Law; (3) minor traffic violations. **DWI, DUI, Open Container and Driving While License Suspended** are not minor traffic violations and must be listed.

13. Do you have any criminal charges currently pending? (examples: paying fines or restitution, waiting for court date, etc.)  
 Yes  No  If yes, please explain: \_\_\_\_\_

14. Are you on parole or probation, deferred adjudication or under a pre-trial diversion agreement? Yes  No   
 If yes, please explain: \_\_\_\_\_

15. Have you ever been convicted of a crime (misdemeanor or felony)? Yes  No   
 If yes, list each one below. **Include those that may not appear on your record at this time.** Attach an additional page if necessary.

**Please Note:** For purposes of employment with TDCJ, convictions include sentenced to confinement, paid fine, time served, placed on probation (includes **deferred adjudication**) and court-ordered restitution.

Conviction Date	Felony or Misdemeanor	Offense	Offense Class	City & State	Punishment

16a. If accepted for employment in a Correctional Officer, Peace Officer or other security position, do you agree to use firearms and other Law Enforcement Weapons as may be necessary to perform your duties? Yes  No  Not Applicable

16b. Are there any legal restrictions against you carrying a firearm, such as a conviction of a crime involving domestic violence, a protective order or a condition of probation? Yes  No  If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

17. Are you now or have you ever been a member of a street gang? Yes  No

Are you now or have you ever been a member or affiliated with an organization that promotes racial, ethnic or gender superiority or separation, independence from governmental laws and regulations or overthrow of the United States Government? Yes  No

If you answered yes to either of these questions, provide the following information:

a. Name of the organization and dates of membership: \_\_\_\_\_

b. Position or positions you held in the organization: \_\_\_\_\_

c. Arrests and/or convictions resulting from your activities as a member: \_\_\_\_\_

18. Do you have any tattoos or markings on your body that signify membership or affiliation with a street gang or that are associated with organizations that promote racial, ethnic or gender superiority or separation, independence from governmental laws and regulations or overthrow of the United States Government? Yes  No  If yes, provide a description and location of those tattoos or markings: \_\_\_\_\_

## CONDITIONS OF EMPLOYMENT

### Minimum Standards for all Applicants

1. Must be a citizen of the U.S. or alien authorized to work in the U.S.
2. Must be at least 18 years of age
3. Must possess a High School Diploma from an accredited senior high school or equivalent or a state-issued General Education Development ( GED ) certificate
4. Must not be on probation for any criminal offense
5. Must not have pending charges for any criminal offense or have an outstanding warrant
6. Convicted felons (or those convicted of an equivalent offense under the Uniform Code of Military Justice) do not become eligible for consideration until 15 years have elapsed since termination of sentence.
7. Must not be on active duty in the military (persons on terminal leave from active duty may apply)
8. Males, age 18 through 25, must be registered with the Selective Service if required to do so by Federal Law.
9. Must be able to perform the essential functions of the position applied for, with or without reasonable accommodation
10. Must pass the TDCJ drug test
11. All applicants, who may have contact with offenders, are ineligible for employment if they have committed any activity described in questions 9b, 9c, or 9d.

### Additional Minimum Standards for Correctional Officer and other Security Applicants

1. Never have been convicted of a felony
2. Not have been convicted of a Class A misdemeanor, or the equivalent, within the last 10 years
3. Not have been convicted of a Class B misdemeanor, or the equivalent, within the last 5 years
4. Never have been convicted of a drug-related offense
5. Never have been convicted of an offense that involved domestic violence
6. Not have been discharged from the Armed Forces under dishonorable conditions
7. Must pass the TDCJ pre-employment test and physical agility test

### Requirement to Report to Work in Emergency Situations

In an emergency situation that presents an immediate or potential threat to public safety as determined by a Warden or Department Head, it is mandatory that the following essential staff report to work: a) correctional officers and supervisors; b) parole officers and parole supervisory staff; and c) staff necessary to support emergency operations. Employees may be required to work overtime, have work schedules changed, have days off cancelled, and be temporarily reassigned to a different work location. If an employee is absent based on a claim of illness or injury on a day or days the employee was required to report to duty during an emergency response situation, the employee may be required to furnish a health care provider's statement within two workdays after the employee returns to work.

Mandatory evacuation orders given by local or state officials (e.g., for anticipated landfall of a hurricane) do not relieve employees from the requirement to report to work as required

by their assigned daily schedule card or as directed by a supervisor in emergency situations. Failure to report to duty or remain on duty may result in disciplinary action up to and including dismissal from employment.

### Important Note

**For purposes of employment with TDCJ, convictions include sentenced to confinement, paid fine, time served, placed on probation (includes deferred adjudication) and court-ordered restitution.**

**Additional Standards for Non-Security Applicants** are stated in job posting and position descriptions. In addition, Parole Officers are required to have access to and be willing to use their own transportation for work and that they carry liability insurance. **Parole Officers** must not have been convicted of any offense involving domestic violence, and must not have been discharged from the Armed Forces under dishonorable conditions. Minimum standards for entry level **Substance Abuse Counselor** applicants will be explained by the contact person listed on the job posting.

### Assignments

Initial assignment locations within TDCJ are determined by applicant preference, consistent with the needs of the Agency. The Agency reserves the right to reassign employees to different locations if necessary to meet its needs. Employees may submit a request for reassignment to another location in accordance with published procedures. However, there are many requests on file for certain areas and the waiting time for reassignment to these areas may be excessive.

### Employee Drug and Alcohol Testing

All employees are subject to reasonable suspicion drug and alcohol testing.

### Overtime

Employees who are authorized overtime and required to work overtime will be given Fair Labor Standards Act (FLSA) compensatory time. This compensatory time will be banked, used or cashed out consistent with Agency policy.

### Falsification of Application

It is important that the employment application be filled out completely and accurately. Any determination that the application has been falsified is grounds for refusing employment or terminating employment if already employed.

### Organizational Affiliations

Affiliation with organizations that threaten the safety and security of an Agency facility may result in disqualification or termination of employment.

### Employment Rights

Employees of TDCJ are "at will" employees. This means that employment is for no definite period and may, regardless of the date or payment of wages and salary, be terminated at any time without prior notice.

**Continued on next page**

## CONDITIONS OF EMPLOYMENT (Continued)

### Offender Relationships

TDCJ employees are prohibited from continuing or establishing a relationship with an offender or an offender's family member, if the relationship jeopardizes or has the potential to jeopardize the security of the Agency or compromises the effectiveness of the employee. Prohibited relationships include those involving cohabitation, sexual misconduct or actions that jeopardize or have the potential to jeopardize the security of the Agency. This means that employees may not have personal contact or relationships with offenders currently incarcerated or on parole outside of their official duties if this contact or relationship would jeopardize or has the potential to jeopardize the security of the Agency. Prohibited contact includes living together, writing letters or notes, telephone contact, visitation and depositing funds into an offender's trust fund. If an employee had a child together with an offender, employee contact with the offender or offender's family may be limited to that which is necessary to foster a relationship with the child. As a condition of employment with TDCJ, employees with

prohibited relationships must sever those relationships. Sever means to cease any and all cohabitation, intimate encounters, verbal or written communications, visitation and other prohibited contact. Continuation of a prohibited relationship after employment with TDCJ may result in dismissal from employment if a determination is made by the Agency that the relationship jeopardizes or has the potential to jeopardize the security of the Agency.

### Additional Information

Information concerning any event that may affect eligibility for employment with this Agency that occurs **after** the application has been submitted, to include criminal charges, must be provided in writing immediately to the **Section Director, Employment, TDCJ Human Resources Headquarters, 2 Financial Plaza, Suite #600, Huntsville, TX 77340**. Failure to do so may be considered falsification of the application for employment and may result in disqualification or termination of employment.

**CERTIFICATION:** I certify that my answers are true, complete and correct to the best of my knowledge and that I have not evaded or omitted any part thereof to reflect an untruth. I understand that falsification constitutes grounds for refusing or terminating employment. I have also read and understood and I agree to the Conditions of Employment and document requirements in this Supplement.

**DUTY TO DISCLOSE:** I hereby acknowledge that I have a duty to disclose any sexual misconduct during the term of my employment. I further acknowledge that I have a duty to disclose any misconduct on my part while working for previous employers.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## REQUIRED DOCUMENTS

**Applications will not be processed without the required documents. Documents in the application must be photocopies and will become a permanent part of the application. DO NOT INCLUDE ORIGINALS.**

1. A **copy** of your current DRIVER'S LICENSE with a photograph and/or date of birth, sex, height, eye color and address. Receipts are **not** acceptable without the license with photograph. You will also need to present the **original** license during screening for Correctional Officer applicants or during employment in-processing for non-correctional applicants. (SEE NOTE 1 AND 2, BELOW.)
2. A **copy** of your SOCIAL SECURITY CARD. This must be a **copy** of the original card issued by the Social Security Office. The following are **not** acceptable: metal or other reproductions; altered cards; laminated cards that were not signed before lamination; laminated cards that have the statement, "This card is invalid if laminated" on the back and cards that contain the statement, "Valid for work only with DHS Authorization." You will also need to present the **original** card at the same time you present your driver's license.
3. For positions that **do not** require a college degree: A **copy** of a DIPLOMA or TRANSCRIPT that documents the highest level of education completed or a **copy** of a state or military-issued GED Certificate. For positions that **do** require a college degree: A **copy** of your COLLEGE DIPLOMA or TRANSCRIPT. **Windham School System requires official college transcripts verifying highest degree conferred.** SEE NOTE 3, BELOW.
4. A **copy** of the DD Form 214 you were issued for the final period of active duty, if you served in the U.S. military. This must be a complete Member 4 Copy or other copy, which includes the type of discharge. If you are on terminal leave from active duty, attach a letter from your commander indicating the date of discharge and type of discharge. The DD Form 214 must be submitted after the discharge date. If you no longer have your copy of your DD Form 214, you may request a copy on-line at:  
[http://www.archives.gov/research\\_room/vetrecs](http://www.archives.gov/research_room/vetrecs)
5. If you are a male, age 18 through 25, you must provide a **copy** of your SELECTIVE SERVICE REGISTRATION CARD or proof of exemption from Selective Service registration. If your card is not available, you may obtain proof of registration from the Internet and submit a printed copy of this proof. You may obtain proof of registration or register at the following address: <http://www.sss.gov/regist.htm>
6. A DISPOSITION for each item reported in questions 13, 14 and 15. A disposition is a statement of the charge, date and the results of the case. If the charge was dismissed, the disposition must state the reason for dismissal. Dispositions can normally be obtained from the **clerk of the court** having jurisdiction over the case.

### NOTES:

1. Your original unexpired **Driver's License** and **Social Security Card** may be used to verify your identity and eligibility for employment in the U.S. Both will be immediately returned to you. Verification of eligibility for employment in the U.S. is required by the Immigration Reform and Control Act of 1986.
2. If you do not have a driver's license, any of the following documents are acceptable: unexpired State-issued ID Card; U.S. Military ID Card; School ID Card with photograph; unexpired ID Card issued by a federal, state, or local government agency; Voter Registration Card; U.S. Passport; Unexpired Foreign Passport with Employment Authorization; or, Alien Registration Card with photograph.
3. **Foreign/International diplomas or education credentials** must be evaluated by a TDCJ-approved evaluation service or a member organization of the National Association of Credential Evaluation Services (NACES).

FOSTER YOUTH  
 VETERAN'S PREFERENCE

**Texas Department of Criminal Justice  
 ADDITIONAL OFFENDER INFORMATION**

APPLICANT   
 EMPLOYEE   
 For H.R. Use Only  
 IE   
 HRHQ

**Applicant or Employee Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Applicants:** In your application for employment with the Texas Department of Criminal Justice, you reported a relationship with a current or former TDCJ offender, incarcerated or on parole. As a criminal justice agency, we need additional information from you concerning this relationship. This information may affect your eligibility for employment or the unit or department to which you are assigned. Please provide the following information regarding the relationship you reported. Complete a separate form for each relationship.

**Employees:** Please provide the following information regarding any relationship you develop or become aware of, report any subsequent development of a relationship with a current or former TDCJ offender, incarcerated or on parole, to your warden, department head or supervisor using this form. Complete a separate form for each relationship. In the course of your job duties, should you come in contact with this offender's record, you must notify your supervisor immediately.

**Offender Information**

**Offender's Name:** \_\_\_\_\_ **TDCJ Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Check and comment on applicable offender status and relationship information.

Offender Status	Relationship
<input type="checkbox"/> Currently incarcerated in TDCJ, indicate unit: _____	<input type="checkbox"/> <b>Relative</b> (other than spouse): How is this offender related to you? _____ <input type="checkbox"/> <b>Spouse</b> <input type="checkbox"/> Legally married, date: _____ <input type="checkbox"/> Married by proxy, date: _____ <input type="checkbox"/> Had child(ren) together, date: _____ <input type="checkbox"/> Informal marriage, date: _____ <input type="checkbox"/> Lived together, date: _____ <input type="checkbox"/> If divorced, date: _____ <input type="checkbox"/> Specify any other: _____
<input type="checkbox"/> Currently on parole, indicate city of residence: _____	
<input type="checkbox"/> In county jail waiting for transfer to TDCJ, indicate county: _____	
<input type="checkbox"/> Former TDCJ offender (no longer on parole). Indicate previous unit, if known: _____	
<input type="checkbox"/> <b>Other:</b> _____	

**Contact Information**

- Are you on this offender's visitation list? Yes  No  Unknown  Not Applicable
- Have you visited this offender? Yes  No  If yes, how often? \_\_\_\_\_ Last visit? \_\_\_\_\_
- Do you visit or correspond with or have any other contact with this offender? Yes  No  If yes, please explain: \_\_\_\_\_
- When did you first meet this offender? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- How did you first meet this offender? \_\_\_\_\_

With few exceptions, you are entitled upon request: (1) to be informed about the information TDCJ collects about you; and (2) under Tex. Gov't Code §§ 552.021 and 552.023 to receive and review the collected information. Under Tex. Gov't Code § 559.004, you are also entitled to request, in accordance with TDCJ procedures, that incorrect information that the TDCJ has collected about you be corrected.

Tex. Penal Code § 39.04 states that an employee of the TDCJ commits a felony offense if the employee engages in sexual contact, sexual intercourse, or deviant sexual intercourse with an individual who the employee knows is in custody or under the supervision of the TDCJ, except as provided for by the affirmative defense in Tex. Penal Code § 39.04(h).

Applicant or Employee Signature	Date (MM/DD/YY)								
Applicant or Employee: Do not write in this section.	<b>Administrative Approval</b>								
<b>Applicant:</b> _____	<table border="0"> <tr> <td align="center"><b>Approved</b> for Hire with no change <input type="checkbox"/></td> <td align="center"><b>Approved</b> for Hire if contact is severed <input type="checkbox"/></td> <td align="center"><b>Not</b> <b>Approved</b> for Hire <input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Date (MM/DD/YY)</td> </tr> </table>	<b>Approved</b> for Hire with no change <input type="checkbox"/>	<b>Approved</b> for Hire if contact is severed <input type="checkbox"/>	<b>Not</b> <b>Approved</b> for Hire <input type="checkbox"/>	_____				Date (MM/DD/YY)
<b>Approved</b> for Hire with no change <input type="checkbox"/>	<b>Approved</b> for Hire if contact is severed <input type="checkbox"/>	<b>Not</b> <b>Approved</b> for Hire <input type="checkbox"/>	_____						
			Date (MM/DD/YY)						
Deputy Director, Prison and Jail Operations or Designee									
<b>Employee:</b> _____									
Warden or Department Head									
Conditions: _____	<table border="0"> <tr> <td align="center">Approval <input type="checkbox"/></td> <td align="center">Denial <input type="checkbox"/></td> <td align="center">Other <input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Date (MM/DD/YY)</td> </tr> </table>	Approval <input type="checkbox"/>	Denial <input type="checkbox"/>	Other <input type="checkbox"/>	_____				Date (MM/DD/YY)
Approval <input type="checkbox"/>	Denial <input type="checkbox"/>	Other <input type="checkbox"/>	_____						
			Date (MM/DD/YY)						

Texas Department of Criminal Justice  
**STATEMENT OF AVAILABILITY**  
**Correctional Officer Applicants**

Please indicate the area(s) and unit(s) in which you would accept permanent assignment if selected for employment with TDCJ. You will be considered for employment only in the area(s) that you indicate; however, you may not be assigned to your specific unit(s) of choice. If you decline employment in an area that you have indicated, your application will remain on file for one year from date of application.

You may select up to 2 **areas** of preference. Please write "1" next to your first, and "2" next to your second.

You may select up to a **total** of 3 **units** of preference for both areas of preference (not 3 units for each area). Please write "1" next to your first, "2" next to your second and "3" next to your third.

	<u>AREA/CITY</u>	<u>UNIT</u>	<u>CODE</u>	<u>SHIFT</u>		<u>AREA/CITY</u>	<u>UNIT</u>	<u>CODE</u>	<u>SHIFT</u>
<input type="checkbox"/>	<b>01 PANHANDLE</b>				<input type="checkbox"/>	<b>07 PALESTINE AREA</b>			
	AMARILLO	___ Clements	BC	12:00		PALESTINE	___ Beto	B1	8:45
		___ Neal	KN	12:00			___ Coffield	CO	12:00
	CHILDRESS	___ Roach	RH	12:00			___ Gurney	ND	12:00
	DALHART	___ Dalhart	DH	8:45			___ Michael	MI	12:00
	PAMPA	___ Jordan	JN	12:00			___ Powledge	B2	8:45
	PLAINVIEW	___ Formby SJ	FB	12:00		RUSK	___ Hodge	HD	8:45
		___ Wheeler	WR	8:45			___ Skyview	SV	12:00
	TULIA	___ Tulia	N3	8:45		TEAGUE	___ Boyd	BY	8:45
<input type="checkbox"/>	<b>02 LUBBOCK AREA</b>				<input type="checkbox"/>	<b>08 CENTRAL TEXAS</b>			
	COLORADO CITY	___ Wallace	WL	12:00		AUSTIN	___ Travis SJ	TI	12:00
		___ Ware	DW	12:00		GATESVILLE	___ Crain	GV	8:45
	LAMESA	___ Smith	SM	12:00			___ Hilltop	HT	8:45
	LUBBOCK	___ Montford	JM	12:00			___ Hughes	AH	12:00
	SNYDER	___ Daniel	DL	12:00			___ Mt. View	MV	8:45
	BROWNFIELD	___ Rudd	RD	8:45			___ Murray	LM	12:00
							___ Woodman SJ	WM	12:00
<input type="checkbox"/>	<b>03 WEST TEXAS</b>					MARLIN	___ Hobby	HB	8:45
	EL PASO	___ Sanchez SJ	RZ	8:45			___ Marlin	N1	12:00
	FT. STOCKTON	___ Ft. Stockton	N5	8:45		BROWNWOOD	___ Havins SJ	TH	12:00
		___ Lynaugh	LH	12:00		BURNET	___ Halbert	BB	8:45
<input type="checkbox"/>	<b>04 DALLAS</b>					SAN SABA	___ San Saba	N2	8:45
		___ Hutchins SJ	HJ	8:45	<input type="checkbox"/>	<b>09 HUNTSVILLE AREA</b>			
<input type="checkbox"/>	<b>05 NORTHEAST TEXAS</b>					HUNTSVILLE	___ Byrd	DU	8:45
	BONHAM	___ Cole SJ	CL	8:45			___ Ellis	E1	12:00
		___ Moore	CM	8:45			___ Estelle	E2	8:45
	NEW BOSTON	___ Telford	TO	12:00			___ Goree	GR	8:45
	WINNSBORO	___ Johnston	JT	12:00			___ Holliday	NF	12:00
							___ Huntsville	HV	8:45
							___ Wynne	WY	8:45
<input type="checkbox"/>	<b>06 ABILENE</b>					LIVINGSTON	___ Polunsky	TL	12:00
	ABILENE	___ Middleton	NE	12:00		LOVELADY	___ Eastham	EA	8:45
		___ Robertson	RB	12:00		MIDWAY	___ Ferguson	FE	12:00
	BRECKENRIDGE	___ Sayle SJ	SY	8:45					



Texas Department of Criminal Justice

**STATEMENT OF AVAILABILITY**

**Parole Officer Applicants**

Please indicate the area(s) in which you would accept permanent assignment if selected for employment with TDCJ. You will be considered for employment in the area(s) that you indicate; however, TDCJ may make an offer of employment in another area according to the needs of the Agency. If you decline employment in an area that you have indicated, your application will be inactivated and you will no longer be considered for employment.

You may select up to 3 areas of preference. Please write "1" next to your first, "2" next to your second and "3" next to your third.

<b>Parole Region I (Tyler)</b>	<b>Parole Region II (Dallas)</b>	<b>Parole Region III (Houston)</b>	<b>Parole Region IV (San Antonio)</b>	<b>Parole Region V (Midland)</b>
_____ Athens	_____ Dallas	_____ Angleton	_____ Austin	_____ Abilene
	_____ Denton			
_____ Beaumont	_____ Ft. Worth	_____ Dayton	_____ Corpus Christi	_____ Amarillo
_____ Orange	_____ Garland			
_____ Nederland		_____ Galveston	_____ Del Rio	_____ Big Spring
	_____ Mineral Wells			
_____ Bryan		_____ Houston	_____ Georgetown	_____ Brownwood
	_____ Sherman			
_____ Conroe		_____ Rosenberg	_____ Harlingen	_____ El Paso
_____ Huntsville	_____ Waxahachie		_____ McAllen	
				_____ Lubbock
_____ Greenville			_____ Laredo	
				_____ Midland
_____ Longview			_____ San Antonio	_____ Odessa
_____ Marshall			_____ Seguin	
_____ Tyler				_____ Monahans
			_____ Victoria	
_____ Mt. Pleasant				_____ Plainview
				_____ San Angelo
_____ Nacogdoches				_____ Wichita Falls
_____ Paris				
_____ Temple				
_____ Texarkana				
_____ Waco				

\_\_\_\_\_  
Applicant's Printed Name                      Signature                      Social Security No.                      Date

**NOTE TO APPLICANTS:** With few exceptions, you are entitled upon request: (1) to be informed about the information the Agency collects about you; and (2) under sections 552.021 and 552.023 of the Government Code, to receive and review the collected information. Under section 559.004 of the Government Code, you are also entitled to request, in accordance with the Agency's procedures, that incorrect information that the Agency has collected about you be corrected.



# THE STATE OF TEXAS APPLICATION FOR EMPLOYMENT

For State Agency Use Only

Date received	_____
Time received	_____
Received by	_____

Job Applicant No. \_\_\_\_\_

**PRINT IN BLACK INK OR TYPE.** These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." **Do not leave questions blank.** Be sure to sign when completed. The State of Texas is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles, but **each copy must be signed.** **Resumes will not be accepted in lieu of applications,** unless specifically stated in the job vacancy notice. This application becomes public record and is subject to disclosure.

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023 and 559.004.)

NAME \_\_\_\_\_ AC ( ) \_\_\_\_\_  
 (Last) (First) (Middle) (Daytime Phone)

MAILING ADDRESS \_\_\_\_\_ AC ( ) \_\_\_\_\_  
 (Street) (City) (State) (Zip) (Country) (Work Phone, Optional)

E-MAIL ADDRESS \_\_\_\_\_

List any other names used if different from name on this application. \_\_\_\_\_

List exact title of position or type of work and location for which you wish to apply:	Job Posting Number	Closing Date
List the state agency with which you wish to apply:	<b>Do you have any relatives working for this agency? If so, list names and relationships:</b>	

Full-Time  Part-Time  Summer  Temp/Project  Date available for work? \_\_\_\_\_ Are you at least 17 years of age? Yes  No

Are you willing to work hours other than 8-5? Yes  No  What days are you unable to work? \_\_\_\_\_

Are you willing to Travel? Yes  No  If yes, what percent of time? \_\_\_\_\_

Current Driver's License # (if required for position) \_\_\_\_\_ Commercial Driver's License Yes  No   
 (State) (Number)

Geographic preference. (Be specific to city/area. If no preference, write "statewide.") \_\_\_\_\_

**Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? Yes  No**  If your answer is "Yes," explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: Some state agencies may require additional information related to convictions of misdemeanors.

**EDUCATION (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)**

High School Graduate or GED? Yes  No  If yes, name and location of high school or GED institute: \_\_\_\_\_

Type of School	Name and Location of School	Dates Attended				Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
		From		To						
		Mo.	Yr.	Mo.	Yr.					
Undergraduate Colleges or Universities										
Graduate Schools										
Technical or Vocational Schools										

**AN EQUAL OPPORTUNITY EMPLOYER**

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION (P.E., R.N., Attorney, C.P.A., etc.)	Date issued	Date expires	Issued by/Location of issuing authority (State or other authority) (City & State)	License No.

**Special Training/Skills/Qualifications:** List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

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Approximately how many words per minute do you type? \_\_\_\_\_

Sign Language (If required for this position) Yes  No

Are you a certified interpreter? Yes  No

Do you speak a language other than English? (If required for this position) Yes  No

If yes, what language(s) do you speak? \_\_\_\_\_

How fluently? Fair  Good  Excellent

Do you write in a language other than English? (If required for this position) Yes  No

If yes, which language(s) \_\_\_\_\_

Have you ever been employed by the State of Texas? Yes  No

Are you currently employed by the State of Texas? Yes  No

If you have been previously employed by the State of Texas, list the agency/agencies: \_\_\_\_\_

**FORMER FOSTER YOUTH** (Verification may be required.)

Were you a foster youth under the Texas Department of Family and Protective Services on the day before your 18<sup>th</sup> birthday? Yes  No

If yes, are you currently 25 years of age or younger? Yes  No

**MILITARY SERVICE** (A copy of a report of separation from the Armed Services may be required.)

Are you a veteran? Yes  No  If yes, list type of discharge status \_\_\_\_\_

Dates of Service (From/To): \_\_\_\_\_

Are you a surviving spouse of a veteran who has not remarried? Yes  No

Are you a surviving orphan of a veteran? Yes  No

If yes, complete dates of service for veteran \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED**

- I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
- I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
- I understand that the State of Texas requires all males who are 18 through 25 and required to register with the Selective Service, to present either proof of registration or exemption from registration upon hire.
- I understand that some state agencies will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.
- I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

**THIS APPLICATION MUST BE SIGNED**

SIGN HERE:

**X**

Signature – Applicant

Date



Name: \_\_\_\_\_

Last

First

Middle

Position Title:							Immediate Supervisor Name:		Full-Time	<input type="checkbox"/>
Employer:							Title:		Part-Time	<input type="checkbox"/>
Mailing Address:									Summer	<input type="checkbox"/>
City & State/ZIP:							Supervisor's Telephone No.:		Temp/Project	<input type="checkbox"/>
Employer's Telephone No.: AC (      )							AC (      )		Give average #	
Starting Date			Leaving Date			Current/	Technical	<input type="checkbox"/>		
Mo.	Day	Yr.	Mo.	Day	Yr.	Final Salary	Non-Managerial	<input type="checkbox"/>		
							Supervisory/Managerial	<input type="checkbox"/>		
							If supervisory, number of employees you supervised:		of hours worked per week if part-time:	

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

**Specific reason for leaving:**

Position Title:							Immediate Supervisor Name:		Full-Time	<input type="checkbox"/>
Employer:							Title:		Part-Time	<input type="checkbox"/>
Mailing Address:									Summer	<input type="checkbox"/>
City & State/ZIP:							Supervisor's Telephone No.:		Temp/Project	<input type="checkbox"/>
Employer's Telephone No.: AC (      )							AC (      )		Give average #	
Starting Date			Leaving Date			Current/	Technical	<input type="checkbox"/>		
Mo.	Day	Yr.	Mo.	Day	Yr.	Final Salary	Non-Managerial	<input type="checkbox"/>		
							Supervisory/Managerial	<input type="checkbox"/>		
							If supervisory, number of employees you supervised:		of hours worked per week if part-time:	

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

**Specific reason for leaving:**

Name: \_\_\_\_\_

Last

First

Middle

Position Title:							Immediate Supervisor Name:		Full-Time	<input type="checkbox"/>
Employer:							Title:		Part-Time	<input type="checkbox"/>
Mailing Address:							Supervisor's Telephone No.:		Summer	<input type="checkbox"/>
City & State/ZIP:							AC ( )		Temp/Project	<input type="checkbox"/>
Employer's Telephone No.: AC ( )							If supervisory, number of employees you supervised:		Give average # of hours worked per week if part-time:	
Starting Date			Leaving Date			Current/	Technical			
Mo.	Day	Yr.	Mo.	Day	Yr.	Final Salary	Non-Managerial	<input type="checkbox"/>		
							Supervisory/Managerial	<input type="checkbox"/>		

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

**Specific reason for leaving:**

Position Title:							Immediate Supervisor Name:		Full-Time	<input type="checkbox"/>
Employer:							Title:		Part-Time	<input type="checkbox"/>
Mailing Address:							Supervisor's Telephone No.:		Summer	<input type="checkbox"/>
City & State/ZIP:							AC ( )		Temp/Project	<input type="checkbox"/>
Employer's Telephone No.: AC ( )							If supervisory, number of employees you supervised:		Give average # of hours worked per week if part-time:	
Starting Date			Leaving Date			Current/	Technical			
Mo.	Day	Yr.	Mo.	Day	Yr.	Final Salary	Non-Managerial	<input type="checkbox"/>		
							Supervisory/Managerial	<input type="checkbox"/>		

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

**Specific reason for leaving:**

For State Agency Use Only:

Applicant Number: \_\_\_\_\_

## APPLICANT EEO DATA FORM

The information requested is optional and is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application.

1. Job Posting Number		2. Last Name (Type or Print)		First	Middle	
3. Address		City	State	ZIP Code	4. Daytime Phone (    )	5. Work Phone
6. Sex <input type="checkbox"/> M-Male <input type="checkbox"/> F-Female	7. Birth Date	8. Ethnic Origin <input type="checkbox"/> W-White <input type="checkbox"/> B-Black <input type="checkbox"/> H-Hispanic <input type="checkbox"/> P-Islander <input type="checkbox"/> Asian/Pac. <input type="checkbox"/> Am. Ind/ <input type="checkbox"/> I-Alaskan <input type="checkbox"/> O-Other				
9. Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Surviving Spouse of Veteran who has not remarried <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Orphan of Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		12. Former Texas Foster Youth 25 yrs of age or younger <input type="checkbox"/> Yes <input type="checkbox"/> No

13. How did you **first** find out about this job?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 01 - Other State Employee     | <input type="checkbox"/> 06 - Newspaper                       | <input type="checkbox"/> 11 - WorkInTexas.com           |
| <input type="checkbox"/> 02 - Job Fair                 | <input type="checkbox"/> 07 - College/University Career Day   | <input type="checkbox"/> 12 - Other (specify):<br>_____ |
| <input type="checkbox"/> 03 - Professional Publication | <input type="checkbox"/> 08 - Human Resource/Personnel Office |   |
| <input type="checkbox"/> 04 - Recruitment Poster       | <input type="checkbox"/> 09 - Radio                           |   |
| <input type="checkbox"/> 05 - Television               | <input type="checkbox"/> 10 - Agency Web Site - Internet      |   |

**X**

\_\_\_\_\_  
Signature – Applicant

\_\_\_\_\_  
Date

**White (Not of Hispanic origin)** – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Black (Not of Hispanic origin)** – All persons having origins in any of the Black racial groups of Africa.

**Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**Asian or Pacific Islander** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

**American Indian or Alaskan Native** – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

**AN EQUAL OPPORTUNITY EMPLOYER**