

# Texas Department of Criminal Justice

## EMPLOYMENT APPLICATION SUPPLEMENT FOR AGENCY APPLICANTS

**INSTRUCTIONS:** This form should be completed by all applicants who are current employees of the Texas Department of Criminal Justice. All questions must be answered in full. Print in **BLACK INK** or **TYPE**

**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.

1. NAME: \_\_\_\_\_ 2. SOCIAL SECURITY NO.: \_\_\_\_\_  
Last First Middle  
(As it appears on your Social Security Card)

3. DATE OF BIRTH: \_\_\_\_\_ 4. PLACE OF BIRTH (STATE): \_\_\_\_\_  
(NOTE: The date and place of birth are required to establish that the applicant is at least 18 years old and to help establish identity in conducting a criminal background investigation.)

5. DRIVER'S LICENSE NO.: \_\_\_\_\_ STATE: \_\_\_\_\_

6. Are you related to any **employee** of TDCJ or member of the Texas Board of Criminal Justice? Yes  No  Unknown   
If yes, list name, relationship and unit/department of assignment: \_\_\_\_\_

7. Are you willing to work any day of the week required for the position for which you are applying? Yes  No

8. Are you or any immediate member of your family (to include, but not limited to your parent, brother, sister, spouse or child) related to any current TDCJ **offender** (incarcerated or on parole)? Yes  No  Unknown  If yes, provide the name of the offender(s): \_\_\_\_\_

9. Are you now or have you ever been involved in a spousal relationship with a current TDCJ **offender** (incarcerated or on parole)? This includes marriage, common-law marriage, lived together or had a child together? Yes  No   
If yes, provide the name of the offender(s): \_\_\_\_\_

10. Do you have a current business partnership or gang association with a current TDCJ **offender** (incarcerated or on parole)? Yes  No  If yes, provide the name of the offender(s): \_\_\_\_\_

11. Are you on a current TDCJ offender's visitation list? Yes  No  Unknown   
If yes, provide the name of the offender(s): \_\_\_\_\_

12. Have you corresponded in the past year with a current TDCJ offender? Yes  No   
If yes, provide the name of the offender(s): \_\_\_\_\_

13a. Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? Yes  No

13b. Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes  No

13c. Have you been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes  No

**All employees, who may have contact with offenders, are ineligible for promotion if they have committed any activity described in questions 13a, 13b, or 13c.**

**NOTE:** If you answered yes to **Question 8, 9, 10, 11, or 12**, above, you may be required to complete and submit a **PERS 282A, Additional Offender Information** form. This form is available from the TDCJ website.

**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.

**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: \_\_\_\_\_