

Texas Department of Criminal Justice Work History for Accommodation Request

NAME: _____ Social Security No.: _____
(Last) (First) (Middle)

Are you willing to work hours other than 8 a.m. - 5 p.m.? Yes No

Are you willing to work on Saturdays? Yes No Are you willing to work on Sundays? Yes No

Are you willing to travel? Yes No If yes, what percent of time? _____

Driver License (if required for this position) _____
(State) (Number)

Class A Class B Class C Class M
 Class A Commercial Class B Commercial
 Class C Commercial Class M Commercial

If applicable, provide transcript for college or university education claimed.

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, Vocational, or Business Schools										

Date Received _____ Time Received _____ Received by _____

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 or location of issuing authority (State or other authority) (City & State)	License No.

Special Training, Skills, or 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.

Approximately how many words per minute do you type? _____

When completing the Work History, be specific about your duties and responsibilities in the Summary of Experience Section. **This is the only document that will be used to screen for minimum qualifications if a job reassignment is required.**

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:									Temp/Project	<input type="checkbox"/>
Employer's Telephone No.: AC ()							Supervisor's Telephone No.:		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"/>		
							AC ()		If supervisory, number of employees you supervised:	

Summary of experience:

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:									Temp/Project	<input type="checkbox"/>
Employer's Telephone No.: AC ()							Supervisor's Telephone No.:		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"/>		
							AC ()		If supervisory, number of employees you supervised:	

Summary of experience:

Specific reason for leaving:

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

Summary of experience:

Specific reason for leaving:

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

Summary of experience:

Specific reason for leaving: