## TEXAS DEPARTMENT OF CRIMINAL JUSTICE EMPLOYMENT APPLICATION SUPPLEMENT

Please check those that apply
☐ New Applicant
☐ Former Employee
☐ Veteran's Reinstatement
☐ ERS Retiree
<del></del>

**INSTRUCTIONS:** All questions must be answered in full. Print in BLACK INK or TYPE. If you are applying for a **Correctional** Officer or Parole Officer position, you are required to complete and submit a PERS 282B or PERS 282C, Statement of To download this form, select Employment then Download Applications from the TDCJ website (www.tdcj.texas.gov). Scroll down and select the appropriate link to download.

NOTE TO APPLICANTS: With few exceptions, you are entitled upon request: (1) to be informed about the information the TDCJ collects about you; and (2) under Texas Government Code 88 552 021 and 552 023 to receive and review the collected information. Under Texas Government

Code	§ 559.004, you are also entitled to request, in accordance with TDCJ procedures, that incorrect information the TDCJ has collected about you rrected.						
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.	Have you previously been employed by the TDCJ or worked in a TDCJ facility on a contract basis? Yes \( \scale \) No \( \scale \) If yes, give unit(s)/department(s) and dates:						
7.	Are you related to any <b>employee</b> of the TDCJ or member of the Texas Board of Criminal Justice? Yes No Unknown If yes, list <u>name</u> , <u>relationship</u> and <u>unit/department of assignment</u> :						
8.	May we contact your <b>present</b> employer for a reference? Yes No Not presently employed						
9a.							
9b.	Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? Yes No						
9c.	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 \(\sigma\) No \(\sigma\)						
9d.	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 \sum No \sum						
10.	Are you willing to work any day of the week required for the position for which you are applying? Yes 🗌 No 🗌						
11.	If you are a male, age 18 through 25, have you registered with the Selective Service? Yes \( \scale \) No \( \scale \)						
	If no, are you exempt from registration? Yes \( \square\) No \( \square\) I am not a male, age 18-25 \( \square\)						
12a.	Are you or any immediate member of your family (to include, but not limited to your parent, brother, sister, spouse or child) related to a current or former TDCJ <b>offender</b> (incarcerated or on parole)? Yes No Unknown If yes, provide the name of the offender(s):						
12b.	Are you now or have you ever been involved in a spousal relationship with a current or former TDCJ <b>offender</b> (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):						
12c.	Do you have a current business partnership or gang association with a current or former TDCJ <b>offender</b> (incarcerated or on parole)? Yes No Unknown If yes, provide the name of the offender(s):						
12d.	Are you on a current TDCJ offender's visitation list? Yes \[ \] No \[ \] Unknown \[ \]  If yes, provide the name of the offender(s): \[ \]						
12e.	Have you corresponded in the past year with a current TDCJ offender? Yes \( \square \) No \( \square \) If yes, provide the name of the offender(s):						

PERS 282 (04/17) Page 1

#### **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.	3. Do you have any criminal charges currently pending? (examples: paying fines or restitution, waiting for court date, etc.) Yes \( \subseteq \text{No} \subseteq \text{If yes, please explain:} \)										
14.		on parole or proba	ation, deferred adjudication of	or under a pre-tria	al diversion agreeme	ent? Yes No No					
15.	Have you <u>ever</u> been convicted of a crime (misdemeanor or felony)? Yes No No If yes, list each one below. <b>Include those that may not appear on your record at this time.</b> Attach an additional page if necessary.										
			s of employment with the TI n (includes <b>deferred adjudi</b>			o confinement, paid fine, time					
Cor Dat	viction e	Felony or Misdemeanor	Offense	Offense Class	City & State	Punishment					
16a. 16b.	other Law Enforcement Weapons as may be necessary to perform your duties? Yes \(\bigcap\) No \(\bigcap\) Not Applicable \(\bigcap\)										
17.	Are you	now or have you	ever been a member of a stre	et 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. Posit	b. Position or positions you held in the organization:									
	c. Arres	c. Arrests and/or convictions resulting from your activities as a member:									
18.	associate	ed with organization		c or gender supe	riority or separation	ith a street gang or that are , independence from governmental res, provide a description and					

PERS 282 (04/17) Page 2

location of those tattoos or markings:

#### CONDITIONS OF EMPLOYMENT

#### Minimum Standards for all Applicants

- 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
- Must not have pending charges for any criminal offense or have an outstanding warrant
- Convicted felons (or those convicted of an equivalent offense under the Uniform Code of Military Justice) do not become eligible for consideration until 10 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.
- 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
- 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 the 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 the TDCJ are determined by applicant preference, consistent with the needs of the agency. The TDCJ 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 TDCJ 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 a TDCJ facility may result in disqualification or termination of employment.

#### **Employment Rights**

Employees of the 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

PERS 282 (04/17) Page 3

#### **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 TDCJ 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 TDCJ. 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 TDCJ. 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 the 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 the TDCJ may result in dismissal from employment if a determination is made by the TDCJ that the relationship jeopardizes or has the potential to jeopardize the security of the TDCJ.

#### **Additional Information**

Information concerning any event that may affect eligibility for employment with the TDCJ 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:

PERS 282 (04/17) Page 4

#### 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 militaryissued 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

- 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:

- 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.
- 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).

PERS 282 (04/17) Page 5

FOSTER YOUTH	Texas l	Department of Criminal Justice	APPLICANT						
		NAL OFFENDER INFORMATION	EMPLOYEE						
Applicant or Employee Name:			For H.R. Use Only						
Social Security Number:			IE   HRHQ						
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, if you come in contact with this offender's record, you shall notify your supervisor immediately.									
	Of	ffender Information							
Offender's Name:		TDCJ Number:Date of B	irth:						
Check and comment on applicable offender status	and relation								
Offender Status		Relationship	1 . 1						
☐ Currently incarcerated in TDCJ, indicate unit:		Relative (other than spouse): How is this offender in Spouse	erated to you?						
Currently on parole, indicate city of residence		Legally married, date:  Married by proxy, date:							
In county jail waiting for transfer to TDCJ, incounty:		☐ Had child(ren) together, date: ☐ Informal marriage, date: ☐ Lived together, date:							
☐ Former TDCJ offender (no longer on parole).  Indicate previous unit, if known:  ☐ Other:		☐ If divorced data							
		ontact Information							
<ol> <li>Are you on this offender's visitation list?</li> <li>Have you visited this offender? Yes </li> <li>Do you visit or correspond with or have any or</li> </ol>	No [	No Unknown Not Applicable If yes, how often? Last visit? t with this offender? Yes No If yes, p							
<ul><li>4. When did you first meet this offender?</li><li>5. How did you first meet this offender?</li></ul>	Month	Day Year							
With few exceptions, you are entitled upon request: (1) Code §§ 552.021 and 552.023, to receive and review the accordance with TDCJ procedures, that incorrect inform	e collected in	ned about the information the TDCJ collects about you; and (2) of formation. Under Texas Government Code § 559.004, you are DCJ has collected about you be corrected.	under Texas Government also entitled to request, in						
		mmits a felony offense if the employee engages in sexual com- nows is in custody or under the supervision of the TDCJ, exc							
Applicant or Employee Signature	Date (mm/de	1/yy)							
	licant or Em	aployee: Do not write in this section.							
Applicant:		Administrative Approval  Approved for Hire with no change Date:							
		Approved for Hire if contact is severed Date:							
Deputy Director, Prison and Jail Operations or Designed		Not Approved for Hire Date:							
Employee:		Administrative Approval							
Worden or Denestment Head		Approved Denied Other Date:							
Warden or Department Head Conditions:									

**Distribution:** Original (Master Human Resources File) Imaging Date: \_\_\_\_\_ Unit or Department Human Resources File Employee

PERS 282A (01/17)

## 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.

	AREA/CITY	<u>UNIT</u>	<b>CODE</b>	<b>SHIFT</b>		AREA/CITY	<u>UNIT</u>	<b>CODE</b>	<u>SHIFT</u>
01	PANHANDLE				07	PALESTINE AR	EA		
	AMARILLO	Clements	BC	12:00		PALESTINE	Beto	B1	8:45
		Neal	KN	12:00		<u>-</u>	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 SJ	WR	8:45		-	Skyview	SV	12:00
	TULIA	Tulia	N3	8:45		TEAGUE	Boyd	BY	8:45
02	LUBBOCK ARE	A			08	CENTRAL TEX	AS		
	COLORADO CITY	Wallace	WL	12:00		AUSTIN	Travis SJ	TI	12:00
	LAMESA	Smith	SM	12:00		GATESVILLE	Crain	GV	8:45
	LUBBOCK	Montford	JM	12:00		-	Hilltop	НТ	8:45
	SNYDER	Daniel	DL	12:00			Hughes	AH	12:00
	BROWNFIELD	Rudd	RD	8:45		_	Mt. View	MV	8:45
						<u>-</u>	Murray	LM	12:00
03	WEST TEXAS					<u>-</u>	Woodman SJ	WM	12:00
	EL PASO	Sanchez SJ	RZ	8:45		MARLIN	Hobby	HB	8:45
	FT. STOCKTON	Ft. Stockton	N5	8:45		-	Marlin	N1	12:00
		Lynaugh	LH	12:00		BROWNWOOD	Havins	TH	12:00
						BURNET	Halbert	BB	8:45
04	DALLAS					SAN SABA	San Saba	N2	8:45
		Hutchins SJ	НЈ	8:45	09	HUNTSVILLE A	DEA		
05	NORTHEAST TI	EXAS			09	HUNTSVILLE	Byrd	DU	8:45
	BONHAM	Cole SJ	CL	8:45		HUNISVILLE	Ellis	E1	12:00
	DOMIAM	Moore	CM	8:45		-	Estelle	E2	8:45
	NEW BOSTON	Telford	ТО	12:00		<del>-</del>	Goree	GR	8:45
	WINNSBORO	Johnston	JT	12:00		-	Holliday	NF	12:00
						-	Huntsville	HV	8:45
06	ABILENE					-	Wynne	WY	8:45
	ABILENE	Middleton	NE	12:00		LIVINGSTON	Polunsky	TL	12:00
		Robertson	RB	12:00		LOVELADY	Eastham	EA	8:45
	BRECKENRIDGE	Sayle	SY	8:45		MIDWAY	Ferguson	FE	12:00
						-			

## Texas Department of Criminal Justice STATEMENT OF AVAILABILITY (Continued)

	AREA/CITY	<u>UNIT</u>	CODE	<b>SHIFT</b>		AREA/CITY	<u>UNIT</u>	CODE	SHIFT
10	DEEP EAST TE	EXAS			14	BEEVILLE ARE	A		
	DIBOLL	Duncan	N6	12:00		BEEVILLE	Garza East	NI	12:00
	JASPER	Goodman	GG	8:45		_	Garza West	NH	12:00
	WOODVILLE	Lewis	GL	12:00		_	McConnell	ML	12:00
						KENEDY	Connally	CY	12:00
11	NAVASOTA				_				
	NAVASOTA	Luther	P2	8:45	15	SAN ANTONIO	AREA		
		Pack	P1	12:00		SAN ANTONIO	Dominguez SJ	BX	8:45
						COTULLA	Cotulla	N4	8:45
12	SOUTHEAST T	EXAS				DILLEY	Briscoe	DB	12:00
	BEAUMONT	Gist SJ	BJ	8:45		HONDO	Ney SJ	HF	8:45
		LeBlanc	BA	8:45		_	Torres	TE	12:00
		Stiles	ST	12:00					
	DAYTON	Henley SJ	LT	12:00	16	SOUTH TEXAS			
		Hightower	HI	8:45		EDINBURG	Lopez SJ	RL	8:45
		Plane SJ	LJ	12:00		_	Segovia	EN	12:00
10	MONIGRON A DE					SAN DIEGO	Glossbrenner	SO	12:00
13	HOUSTON ARE	Ž <b>A</b>			15	CALVECTON			
	ANGLETON	Scott	RV	8:45	17	GALVESTON			
	BRAZORIA	Clemens	CN	8:45		_	Hospital Galv.	HG	12:00
	HOUSTON	Kegans SJ	HM	8:45		_	Young Young	GC	8:45
	HUMBLE	Lychner SJ	AJ	8:45	10	WICHITA EALI	C		
	ROSHARON	Darrington	DA	8:45	18	WICHITA FALI			
		Ramsey	R1	12:00		IOWA PARK	Allred	JA	12:00
		Stringfellow	R2	8:45	19	CUERO			
	DVQVII (OVE	Terrell	R3	12:00	19	CUERO	g.	an.	12.00
	RICHMOND	Jester 1	J1	8:45		_	Stevenson	SB	12:00
		Jester 3	J3	8:45	20	BRYAN			
		Jester 4	J4	12:00		DRIM	TT 11c	TTT	12.00
		Vance	J2	8:45		_	<u>Hamilton</u>	JH	12:00

#### **NOTES:**

- 1. You will be considered for the units you indicate; however, TDCJ will make the unit of assignment based on the needs of the Agency.
- 2. SJ is the abbreviation for State Jail.
- 3. Shifts are 8:45 or 12:00 hours. At 8:45-hour shift units, officers work 6 days on and then 3 off. At 12:00-hour shift units, officers work 4 days on and then 4 off.

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 TDCJ collects about you; and (2) under Texas Government Code §§ 552.021 and 552.023, to receive and review the collected information. Under Texas Government Code § 559.004, you are also entitled to request, in accordance with TDCJ procedures, that incorrect information the TDCJ has collected about you be corrected.

#### 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.

Parole Region I (Tyler)	Parole Region II (Dallas)	Parole Region III (Houston)	Parole Region IV (San Antonio)	Parole Region V (Midland)
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	<u>Harlingen</u>	El Paso
Huntsville	Waxahachie		McAllen	
			_	Lubbock
Greenville			Laredo	
			_	Midland
Longview			San Antonio	Odessa
Marshall			Seguin	
Tyler			<u>.</u>	Monahans
			Victoria	
Mt. Pleasant			<u>-</u>	Plainview
Nacogdoches			<u>-</u>	San Angelo
Paris			<u>.</u>	Wichita Falls
Temple				
Texarkana				
Waco				
Applicant's Printed	d Name Sign	ature	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.



NAME

MAILING ADDRESS

(Last)

(First)

# THE STATE OF TEXAS APPLICATION FOR EMPLOYMENT

For State Agency Use Only
Date received
Time received
Received by

(Daytime Phone)

)

AC(

AC (

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.)

(Middle)

	(Street)		(City)		(State)	(Zip) ( Country	)	(Work Phone, Opti	onal)	
E-MAIL ADDRES	SS									
List any other na	mes used if different from na	ime on this ap	plication	າ						
List exact title of	of position or type of work	and locatio	n for wh	nich vo	u wish to	Job Posting	Number	Closing Date		
apply:	, provide the second			,		Jan Jan J		3		
List the state agency with which you wish to apply:  Do you have any relatives working for this agency? If so, list names and relationships:										
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		V	Vhat days are	you unable to wo	rk?			
Are you willing to	Travel? Yes No No	If y	es, what	t percer	nt of time?					
Current Driver's I	icense # (if required for pos	ition) (State)	(1)	Number)		C	commercial Dr	iver's License Ye	es 🗌 No 🗌	
Geographic prefe	erence. (Be specific to city/a	ea. If no pref	erence,	write "s	tatewide.")					
explain in concise	een convicted of a felony e detail on a separate page, ot disqualify you, but a false	giving dates	and natu	re of the	e offense, nam	e and location of	the court, and	disposition of the	ne case(s). A	
,	NOTE: Applicants may be reduate or GED? Yes \[ \] No [	<u>.                                    </u>	•				•	ns, and registrat	ions.)	
Туре			Attended		Date	Expected	Sem/Clock	Туре	Major/Minor	
of School	Name and Location of School	Mo. Yr.	Mo.	To Yr.	Graduated	Graduation Date	Hours Completed	of Diploma or Degree	Fields of Study	
Undergraduate										
Colleges or Universities										
Graduate Schools										
Technical or Vocational Schools	<u> </u>									

PERS 283 (0909) Page 1 of 3

#### 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.)										
Approximately how many words p	Approximately how many words per minute do you type?									
Sign Language (If required for this	s position) Yes	☐ No ☐	Are you a certified	I interpreter? Yes  No						
Do you speak a language other than English? (If required for this position) Yes No How fluently? Fair Good Excellent										
Do you write in a language other t	han English? (I	If required for th	nis position) Yes No							
If yes, which language(s)  Have you ever been employed by	the State of Te	exas? Yes \[ \] N	Io ☐ Are you currently employed by the Sta	te of Texas? Yes  No						
If you have been previously emplo										
FORMER FOSTER YOUTH (Veri	fication may be	required.)								
Were you a foster youth und If yes, are you currently 25			amily and Protective Services on the day before your 18 <sup>th</sup>	birthday? Yes No No						
MILITARY SERVICE (A copy of a	report of separ	ation from the	Armed Services may be required.)							
Are you a veteran? Yes	No If yes	s, list type of dis	scharge status							
Dates of Service (From/To)	: <u> </u>									
Are you a surviving spouse	of a veteran w	ho has not rem	arried? Yes  No  Are you a surviving orphan of	of a veteran? Yes  No						
If yes, complete dates of se	ervice for vetera	an								
			NG STATEMENTS CAREFULLY AND INDICATE Y EPTANCE BY SIGNING IN THE SPACE PROVIDI							
complete, and I understand termination.	that any miss	tatement, fals	ection with my application, whether on this document of ification, or omission of information may be grounds for	or refusal to hire or, if hired,						
<ol> <li>I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.</li> <li>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.</li> </ol>										
4. 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.										
<ol><li>I authorize any of the person employment, education, or</li></ol>	ons or organiza any other info	ations reference rmation they n	need in this application to give you any and all information in this application to give you any and all information in the property of the pr	of the subjects covered by						
THIS APPLICATION MUST B	E SIGNED	SIGN HER	E: X							
			Signature – Applicant	Date						

#### **EMPLOYMENT HISTORY**

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

- 1. <u>Include ALL employment. Begin with your current or last position and work back to your first.</u> Employment history should include **each position** held, even those with the same employer.
- 2. EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.
- 3. Answer all questions and completely summarize your experience including technical and managerial responsibilities and any special training, skills and qualifications for each position you have held.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Nam	e:										
	_			Last			First		Middle		
Positio	n Title:								Immediate Supervisor Name:	Full-Time	
Employ	/er:									Part-Time	
Mailing Address: Title:											
City & State/ZIP:											
Employer's Telephone No.: AC ( ) Supervisor's Telephone No.:									Temp/Project Give average #		
St	arting [	Date	Leaving Date			Current/ Technical		П	AC (	of hours worked per	
Mo.	Day	Yr.				If supervisory, number of employees you	week if part-time:				
							Supervisory/Managerial		supervised:		
Specif Positio		on for lea	ving:						Liver of the Committee Name	LEUT:	
									Immediate Supervisor Name:	Full-Time Part-Time	
Employ											
_	Addres								Title:	Summer Temp/Project	
-				,	,				Supervisor's Telephone No.:	Give average #	
	er's rearting [	lephone N		eaving	) Doto	Current/	Technical	_	-	of hours worked per	
						Final Salary		$\vdash$	AC ( )  If supervisory, number of employees you	week if part-time:	
Mo.	Day	Yr.	Mo.	Day	Yr.		Non-Managerial	<u> </u>	supervised:	•	
						/ 1 : 11 / 1:00	Supervisory/Managerial	<u> </u>	'		
				ig spec	rai u airiill	y əniiə quallii	cations you have used in	i uie p	enomiance of this job.		
Specif	ic reas	on for lea	ving:								

Nan	ne:											
				Last			First		Middle			
Positio	n Title:								Immediate Supervisor Name:	Full-Time	$\overline{}$	
Emplo									Immodiate Supervisor Hame.	Part-Time	+	
										Summer	+	_
Mailing Address: Title:									Temp/Project	井	_	
-			No. AC	. /	`				Supervisor's Telephone No.:	Give average #	<u> </u>	_
	arting [	elephone	No.: AC	aving	) Date	Current/	Technical		1	of hours worked pe	er	
Mo.	Day	Yr.	Mo.	Day	Yr.	Final Salary			AC ( )  If supervisory, number of employees you	week if part-time:	J1	
	- 7		_				Supervisory/Managerial	П	supervised:	·		
Summ	ary of a	ynerienc	e includi	ina enc	cial trainir	l na/ekille/auali	fications you have used i	n the	e performance of this job:			_
Speci	fic reas	on for le	aving:						T		_	
	n Title:								Immediate Supervisor Name:	Full-Time	ᆜ	
Emplo										Part-Time	<u>Ц</u>	
	g Addre								Title:	Summer	Щ	
-	State/2									Temp/Project	Ш	
		elephone			)	1			Supervisor's Telephone No.:	Give average #		
	arting [			aving		Current/	Technical	Щ	AC ( )	of hours worked pe	er	
Mo.	Day	Yr.	Mo.	Day	Yr.	Final Salary	Non-Managerial Supervisory/Managerial		If supervisory, number of employees you supervised:	week if part-time:		
							Supervisory/Wanageriai	Ш	Superviseu.			
Summ	ary of e	experienc	e includi	ing spe	cial trainii	ng/skills/quali	fications you have used i	n the	e performance of this job:			
Speci	ic reas	on for le	aving.									

Nan	ne:											
	_			Last			First		Middle			
Positio	n Title:								Immediate Supervisor Name:	Full-Time	$\Box$	
Emplo									minodiate Capervicer Hame.	Part-Time	H	_
l										Summer	H	_
Mailing Address: Title:									Temp/Project	$\forall$	_	
-		elephone	No · AC	` (	١				Supervisor's Telephone No.:	Give average #		_
	arting [		I e	aving	<i>)</i> Date	Current/	Technical	1	AC ( )	of hours worked pe	er	
Starting Date Leaving Date Current/ Technical  Mo. Day Yr. Mo. Day Yr. Final Salary Non-Managerial				Non-Managerial	1	If supervisory, number of employees you	week if part-time:					
							Supervisory/Managerial		supervised:			
Summ	arv of e	experience	e includi	ina spe	cial trainir	ng/skills/guali	fications you have used in	the	performance of this iob:			_
Speci	ic reas	on for le	aving:						,			
	n Title:								Immediate Supervisor Name:	Full-Time	<u> </u>	
Emplo										Part-Time	Щ	
	Addre								Title:	Summer	<u> </u>	_
	State/Z								Our and a size Talanhana Na	Temp/Project		
		elephone	No.: AC	C (	) Data	Current/	Technical	_	Supervisor's Telephone No.:	Give average #		
Mo.	arting [ Day	Yr.	Mo.	eaving Day	Yr.	Final Salary	Non-Managerial	+	AC ( ) If supervisory, number of employees you	of hours worked po week if part-time:	eı	
IVIO.	Day	11.	IVIO.	Day	11.	i mai calary	Supervisory/Managerial	+	supervised:	Wook ii pait aiiio.		
Summ	ary of ε	experience	e includi	ing spe	Lecial trainir	 ng/skills/quali	fications you have used in	the	performance of this job:			
Specif	ic reas	on for le	aving:									

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 Nu	mber	2. Last Name (Type or Print)		First	Middle					
3. Address		City	State	ZIP Code	<b>4.</b> Daytime Phone ( )		5. Work Phone			
6. Sex  M-Male  F- Female	7. Birth Date	8. Ethnic Origin  Asian/Pac. Am. Ind/  W-White B-Black H-Hispanic P-Islander I-Alaskan O-Other								
9. Veteran  Yes No		<b>10.</b> Surviving Spouse of \ who has not remarried  ☐ Yes ☐ No	/eteran	•						
13. How did you f	irst find out abo	out this job?								
01 - Other Sta	te Employee	☐ <b>06</b> - Newspa	per		<u> </u>	WorkInT	exas.com			
☐ 02 - Job Fair		☐ <b>07</b> - College/University Career Day ☐ <b>12</b> - Other (specify):								
03 - Profession	nal Publication	□ 08 - Human Resource/Personnel Office								
04 - Recruitme	ent Poster	☐ <b>09</b> – Radio								
☐ <b>05</b> – Televisio	n	☐ 10 - Agency Web Site - Internet								
	X									
			Si	gnature – App	licant		Date			
White (Not of His East.	spanic origin) -	- All persons having origins	in any of th	ne original peo	ples of Europe	, North A	Africa, or the Middle			
Black (Not of His	panic origin) -	- All persons having origins	in any of th	e Black racial	groups of Afric	ca.				
<b>Hispanic</b> – 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 mainta cultural identification through tribal affiliation or community recognition.										
	AN EQUAL OPPORTUNITY EMPLOYER									