



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:	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 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										

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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 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 18th 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

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. Include ALL employment. Begin with your current or last position and work back to your first. 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.

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	<input type="checkbox"/>		
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	<input type="checkbox"/>		
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:

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Last

First

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Mailing Address:							Supervisor's Telephone No.:		Summer	<input type="checkbox"/>
City & State/ZIP:							AC ()		Temp/Project	<input type="checkbox"/>
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Mailing Address:							Supervisor's Telephone No.:		Summer	<input type="checkbox"/>
City & State/ZIP:							AC ()		Temp/Project	<input type="checkbox"/>
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Starting Date			Leaving Date			Current/	Technical			
Mo.	Day	Yr.	Mo.	Day	Yr.	Final Salary	Non-Managerial	<input type="checkbox"/>		
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Name: _____

Last

First

Middle

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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:

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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):
_____ |
| <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.

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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 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.

1. NAME: Last First Middle 2. SOCIAL SECURITY NO.: (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 the 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 a current or former 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 or former 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 or former TDCJ offender (incarcerated or on parole)? Yes No Unknown 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: