

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, if you come in contact with this offender's record, you shall 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"/> 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> _____	<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: _____

### Contact Information

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

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 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 Texas Penal Code § 39.04(h).

\_\_\_\_\_  
 Applicant or Employee Signature Date (mm/dd/yy)

Applicant or Employee: Do not write in this section.	
<b>Applicant:</b>	<b>Administrative Approval</b>
	<input type="checkbox"/> <b>Approved</b> for Hire with no change    Date: _____
	<input type="checkbox"/> <b>Approved</b> for Hire if contact is severed    Date: _____
Deputy Director, Prison and Jail Operations or Designee	<input type="checkbox"/> <b>Not Approved</b> for Hire    Date: _____
<b>Employee:</b>	<b>Administrative Approval</b>
	<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b> <input type="checkbox"/> <b>Other</b> Date: _____
Warden or Department Head	
Conditions:	