



DRIVER'S APPLICATION FOR EMPLOYMENT

www.tdcj.state.tx.us

ATTENTION: All applicants must also submit a State of Texas Application for Employment. Applicants seeking initial or re-employment are also required to submit the TDCJ Employment Application Supplement. All applications must be received by the contact person by 5:00 PM on the closing date.

Company	<u>TDCJ Manufacturing and Logistics Division, Transportation and Supply</u>		
Address	<u>P.O. Box 4013, Huntsville, Texas 77342-4013</u>	Phone	<u>(936) 437-6531</u>

INSTRUCTIONS: Print in BLACK INK or TYPE. All questions must be answered in full. If questions are not applicable, enter "NA". Do not leave questions blank. Be sure to sign when completed. **This application will be retained in the active file for one year only.** Information concerning any event that occurs after the application has been submitted, to include address change, accident record, and violation of motor vehicle laws or ordinances, must be provided in writing immediately to the address listed above. The State of Texas Application and TDCJ Employment Application Supplement will **not** stay on file. You must submit these applications for each job posting that you are interested in. Normally, jobs are posted for ten (10) calendar days.

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.

Date of application _____

Name _____
Last First MI

Social Security No. _____ Date of Birth _____ / _____ / _____
MM DD YYYY

Home phone number () _____ Cell phone number () _____

List your addresses of residency for the past 3 years (attach a separate sheet if needed).

Current address _____ How Long? _____
Street City State & Zip Code yr./mo.

Previous address _____ How Long? _____
Street City State & Zip Code yr./mo.

_____ How Long? _____
Street City State & Zip Code yr./mo.

_____ How Long? _____
Street City State & Zip Code yr./mo.

_____ How Long? _____
Street City State & Zip Code yr./mo.

Date and Time Received _____ Received by _____

Name: _____ Social Security No. _____
Last First MI

APPLICANT MUST READ AND SIGN BEFORE SUBMITTING APPLICATION.

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer and its agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditional on the results of a drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

X

Applicant Signature

Date