

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 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.

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. Are you related to any **employee** of 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 any current 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 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 TDCJ **offender** (incarcerated or on parole)?
Yes No 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): _____

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.

Signature: _____ Date: _____