Texas Department of Criminal Justice

ADDITIONAL OFFENDER INFORMATION

Applicant's Name:	Social Security Number:	
In your application for employment with current or former TDCJ offender (incarinformation from you concerning this relaunit or department to which you are assigned reported. Complete a separate form for each	rcerated or on parole). As a criminationship. This information may affect gned. Please provide the following in	nal justice agency, we need additional of your eligibility for employment or the
OFFENDER INFORMATION		
Offender Information:		
Name:	TDCJ Number:	Date of Birth:
☐ Currently Incarcerated in TDCJ Unit: ☐ Currently on Parole: City of residence: ☐ In County Jail waiting for transfer to T. ☐ Former TDCJ offender (no longer on p.)		_
DESCRIPTION OF RELATIONSHIP		
Type of Relationship: (Check the approp	How is this offender related to you? w that describes the spousal relationship) ge Legally married by Proxy Liv Date of divorce, if divorced: association:	red together Had child together Had child together
	CONTACT INFORMATION	
 Are you on this offender's visitation list? You Have you visited this offender? Yes No. Do you visit or correspond with or have any 	Io If yes, how often?	Last visit?
4. When did you first meet this offender? Mo5. How did you first meet this offender?	onth Day	
Applican	t's Signature	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.