

Texas Department of Criminal Justice Work History for Workplace Accommodation

NAME _____ Social Security No. _____ = _____ = _____
(Last) (First) (Middle)

Are you willing to work hours other than 8 a.m. - 5 p.m.? Yes No

Are you willing to work on Saturdays? Yes No

Are you willing to work on Sundays? Yes No

Are you willing to travel? Yes No

If yes, what percent of time? _____

Driver License (if required for this position) _____
(State) (Number)

Class A Class B Class C Class M
 Class A Commercial Class B Commercial
 Class C Commercial Class M Commercial

If applicable, provide transcript for college or university education claimed.

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, Vocational, or Business Schools										

Date Received _____ Time Received _____ Received by _____

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? _____

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.: AC ()						Immediate Supervisor Name: Title: Supervisor's Telephone No.: AC ()		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/>
Starting Date		Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/>		Give average # of hours worked per week if part-time:
Mo.	Day	Yr.	Mo.	Day	Yr.	\$	If supervisory, number of employees you supervised:	

Summary of experience:

Specific reason for leaving:

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.: AC ()						Immediate Supervisor Name: Title: Supervisor's Telephone No.: AC ()		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/>
Starting Date		Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/>		Give average # of hours worked per week if part-time:
Mo.	Day	Yr.	Mo.	Day	Yr.	\$	If supervisory, number of employees you supervised:	

Summary of experience:

Specific reason for leaving: