



## Statement of Previous State Employment

With a few exceptions, you have the right to request, receive, review and correct information about yourself, that was collected using this form.

<b>Name</b>		<b>Social Security No.</b>	
<b>Department</b>			

Please select the appropriate response.

<input type="checkbox"/>	I have <b>not</b> been employed by the State of Texas at any time prior to employment at Prairie View A&M University.
<input type="checkbox"/>	I have been employed by the State of Texas at any time prior to employment at Prairie View A&M University (including employment in a student status).

The state agencies at which I was employed are listed below.

<b>Agency Name</b>			
<b>Department</b>			
<b>Address</b>			
<b>Employment Date (From)</b>		<b>Employment Date (To)</b>	
<b>Name used during Employment</b>			

<b>Agency Name</b>			
<b>Department</b>			
<b>Address</b>			
<b>Employment Date (From)</b>		<b>Employment Date (To)</b>	
<b>Name used during Employment</b>			

<b>Agency Name</b>			
<b>Department</b>			
<b>Address</b>			
<b>Employment Date (From)</b>		<b>Employment Date (To)</b>	
<b>Name used during Employment</b>			

I hereby authorize the state agencies listed above to verify the above information. If I am transferring from within the Texas A&M University System, I authorize the release of my personnel/payroll file to Prairie View A&M University and the Office of Human Resources.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_