



Prior State Employment Verification

Employee's Name: _____ Employee SSN: XXX-XX-
Last Name First Name MI

No Prior State Service Interagency Transfer ERS Return to Work Retiree Prior State Service

Prior State Service
(List all previous State of Texas employment including institutions of higher learning.)

Agency Name: _____ Agency No. _____
Hire Date: _____ Separation Date: _____
Hazardous Duty Service: From: _____ To: _____

Agency Name: _____ Agency No. _____
Hire Date: _____ Separation Date: _____
Hazardous Duty Service: From: _____ To: _____

Agency Name: _____ Agency No. _____
Hire Date: _____ Separation Date: _____
Hazardous Duty Service: From: _____ To: _____

Agency Name: _____ Agency No.: _____
Hire Date: _____ Separation Date: _____
Hazardous Duty Service: From: _____ To: _____

Agency Name: _____ Agency No. _____
Hire Date: _____ Separation Date: _____
Hazardous Duty Service: From: _____ To: _____