



State of Arkansas Employment Application

- Applications for employment with the State of Arkansas, or any subdivision thereof, are accepted without regard to sex, race or color, national origin, handicap/disability, age, religion, or political affiliation. Conviction of a crime does not automatically bar any applicant from employment or other opportunities with the State of Arkansas.
- Applications, once filed, may be subject to disclosure as a public record under the Arkansas Freedom of Information Act.
- Applications filed do not create a contract of employment with the State of Arkansas or any of its subdivisions. If any individual is hired, employment is not for any definite period of time. Individuals hired will also be required to provide proof of eligibility to work in the United States pursuant to the Immigration Reform and Control Act of 1986.
- Qualified applicants with disabilities, as defined in the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, may request any needed accommodations to participate in the application process.

**Arkansas Northeastern College
P.O. Box 1109
2501 South Division Street
Blytheville, AR 72315**

EQUAL EMPLOYMENT DATA This section is designed to collect information which will be used in the completion of various state and federal reports and will not be used in the processing of, or remain part of, your application. The completion of this section is voluntary.

Applicant's Name _____
Social Security Number _____
Date of Birth _____ Male Female

■ **Check one of the four (4) listed which you consider yourself to be:**

- White (Descendant of the original peoples of Europe, North Africa, or the Middle East)
- Black (Descendant of the black racial groups in Africa)
- American Indian or Alaskan Native (Descendant of any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition)
- Asian or Pacific Islander (Descendant of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands)

Do you consider yourself to be Hispanic (A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture origin, regardless of race)? Yes No

■ **Military History**

If you believe you may be eligible for veterans preference consideration, complete this section. The Arkansas Veterans Preference Act states specific requirements which must be met in order to be eligible for veterans preference. Under certain conditions spouses, widows, or widowers of qualified veterans may also be eligible for veterans preference. For consideration of veterans preference, proof such as a DD-214, current letter from the Veterans Administration, or other official documentation may be required. Specific questions regarding veterans preference should be address to individual state agency personnel offices.

Have you served on active duty in the United States military, excluding Active Duty for Training (AcDuTra) and Reserve Military Annual Training (AT)? Yes No

Branch of service _____
Date of entry _____
Date of discharge _____
Type of discharge _____

■ **How did you learn of this job opening?**

- Newspaper
- Employment Security Department
- Agency announcement
- Educational Institution. Name of Institution: _____
- Other Explain: _____

(See Notice To Applicants on back page)

APPLICATION FOR EMPLOYMENT

Please answer all questions which apply to you. If they do not apply, mark them N/A. Please print, type or write legibly.

LAST NAME		FIRST NAME			MIDDLE NAME	
COMPLETE MAILING ADDRESS		CITY	STATE	ZIP CODE	COUNTY	
HOME PHONE NUMBER	WORK PHONE NUMBER			MESSAGE OR OTHER PHONE NUMBER		

Position(s) for which you are applying (give title(s) and position number(s), if known):

1. _____
2. _____
3. _____
4. _____

EMPLOYMENT STATUS SECTION

Will you accept employment anywhere in the State?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, where would you accept employment? _____		
Will you accept any type of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, check which type(s) of employment you will accept.	<input type="checkbox"/> Full Employment	<input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
Have you ever filed an application for employment with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what was your name at that time? _____		
Have you ever been employed by Arkansas State Government?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List professional license(s) relevant to position(s) for which you are applying. Give type of license, license number, date of expiration, and state. _____		
May we contact your current employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your former employer(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EDUCATIONAL HISTORY

HIGH SCHOOL	Received:	Type Awarded: _____	If None, Highest Grade Completed _____
	<input type="checkbox"/> Diploma <input type="checkbox"/> G.E.D. <input type="checkbox"/> Certificate		

■ List below post secondary schools, colleges, universities, trade/vocational, or others attended:

Name and Location	From		To		Major/Minor	Hours Completed (See note below)	Degree/Diploma Awarded	Date Graduated
	Mo.	Yr.	Mo.	Yr.				
.....								
.....								
.....								
.....								
.....								

Note: For hours completed indicate whether semester hours, quarter hours, clock hours, etc.

WORK HISTORY

List **all** prior experience, **including military service**, beginning with your most recent employment. (Include **all** work experience **even if** you do not believe that experience to be related to the position or positions for which you are applying.) You may **include volunteer or unpaid work** as part of your history; however, you should include the number of hours per week which you performed these duties. If you do not have enough space to list all your work experience, use a separate sheet for continuation. If you wish to include a resume instead of completing the work history section, make sure all the requested information is included.

1. Current or most recent employer		Business phone number		Employment dates	
Complete mailing address	City	State	Zip Code	From	Month Year
Type of business				To	Month Year
Supervisor's name				Average hours worked	
Name under which employed		Your job title		Per week _____	
Your job duties (be specific)				Salary	
				\$ _____ \$ _____	
				Lowest Highest	
Reason for leaving					
2. Current or most recent employer		Business phone number		Employment dates	
Complete mailing address	City	State	Zip Code	From	Month Year
Type of business				To	Month Year
Supervisor's name				Average hours worked	
Name under which employed		Your job title		Per week _____	
Your job duties (be specific)				Salary	
				\$ _____ \$ _____	
				Lowest Highest	
Reason for leaving					
3. Current or most recent employer		Business phone number		Employment dates	
Complete mailing address	City	State	Zip Code	From	Month Year
Type of business				To	Month Year
Supervisor's name				Average hours worked	
Name under which employed		Your job title		Per week _____	
Your job duties (be specific)				Salary	
				\$ _____ \$ _____	
				Lowest Highest	
Reason for leaving					

4. Current or most recent employer		Business phone number		Employment dates	
Complete mailing address	City	State	Zip Code	From	Month Year
Type of business				To	Month Year
Supervisor's name				Average hours worked	
Name under which employed		Your job title		Per week _____	
Your job duties (be specific)				Salary	
				\$ _____ \$ _____	
				Lowest Highest	
Reason for leaving					

5. Current or most recent employer		Business phone number		Employment dates	
Complete mailing address	City	State	Zip Code	From	Month Year
Type of business				To	Month Year
Supervisor's name				Average hours worked	
Name under which employed		Your job title		Per week _____	
Your job duties (be specific)				Salary	
				\$ _____ \$ _____	
				Lowest Highest	
Reason for leaving					

6. Current or most recent employer		Business phone number		Employment dates	
Complete mailing address	City	State	Zip Code	From	Month Year
Type of business				To	Month Year
Supervisor's name				Average hours worked	
Name under which employed		Your job title		Per week _____	
Your job duties (be specific)				Salary	
				\$ _____ \$ _____	
				Lowest Highest	
Reason for leaving					

SPECIAL SKILLS

Typing Speed (corrected words per minute)
Stenographic Speed (words per minute)
Can you transcribe machine dictation? <input type="checkbox"/> Yes <input type="checkbox"/> No
List the business machines, computers and word processors you can operate:
List any other skills relative to the job(s) for which you are applying:

REFERENCES

- please list three (3) persons not related to you, who have knowledge of your work qualifications, are not previous or current employer(s), and can serve as a reference for you.

Name	Address	Telephone
1.		
2.		
3.		

NEPOTISM

- Do you have any relatives employed by the state agency to which you are submitting this application for employment? Yes No If yes, complete the remainder of this section.
(This question is being asked for the sole purpose of ensuring compliance with any applicable law or policy concerning nepotism.)

Name	Relation	Agency employed by

■ Before you sign this application

Check over your answers to make sure that all questions have been completed properly. If the job you are applying for requires a college degree or certification, a copy of your transcript, certificate, or license may be required as a condition of employment.

I, the below signed individual, hereby declare that, to the best of my knowledge and my ability, the information on this application is true and factual.

I understand that if I am hired, that my employment is not for any definite period of time, and I may be terminated at any time.

I understand that if I state that I have a college degree, and do not have one, that my application will be rejected or, if hired, I will be terminated in accordance with Arkansas Code 21-12-102.

I understand that my application may be subject to disclosure as a public record under the Arkansas Freedom of Information Act.

I understand that certain jobs may require an acceptable driver's safety record, and that if my current or future driver's record is unacceptable under the State Driver's Risk Program, my application may be rejected and, if hired, I may be subject to termination.

I understand that I will be required to provide proof of eligibility to work in the United States pursuant to the Immigration Reform and Control Act of 1986 as a condition of any employment.

I understand that false, misleading, or incomplete statements could lead to my dismissal as an employee or rejection as an applicant.

I also understand that some jobs require special background checks, security clearance, or compliance with other specific agency hiring policies prior to my employment, or as a condition of employment; and that failure to meet these requirements may lead to my rejection as an applicant for, or termination from, that job.

I affirm that it is my genuine intent to seek, and if offered, employment in Arkansas State Government, and this application is submitted solely for that purpose and for no other purposes.

Signature of applicant

Date of signature

EMPLOYEE DISCLOSURE/CERTIFICATION AND EMPLOYMENT OF FAMILY MEMBERS FORM

1. Yes No Are you a **current** or **former*** state employee?
2. Yes No Are you a **current** Constitutional Officer** or Arkansas General Assembly member?
3. Yes No Are you the spouse of a **current** Constitutional Officer** or Arkansas General Assembly member?
▶ If "Yes," give **spouse's name & office.** _____
- 3.a. Yes No If "Yes," is your expected salary above the pay grade 13, level IV?
4. Yes No Are you a **former* member** or the **spouse** of a **former member** of the Arkansas General Assembly?
▶ If "Yes," give **member or spouse's name & office.** _____
- 4.a. Yes No If "Yes," did you serve or did your spouse serve within the last 24 months?
- 4.b. Yes No If "Yes," within the 24 months prior to your leaving office or your spouse leaving office, was the position for which you are being considered created by legislative action, or if the maximum salary level increased by more than 15%, was this authorized by legislative action?
5. Yes No Are you a **relative†** of the Public Official‡ in charge of the agency in which you are applying?
▶ If "Yes," give **relative's** name, position or office & relationship. _____
6. Yes No Are you a **relative† (other than the spouse)** of a Constitutional Officer or an Arkansas General Assembly member or are you a **relative†** of a state employee, state board or commission member?
▶ If "Yes," give **relative's** name, position or office & relationship. _____
7. Yes No If you checked "Yes" in #6 above, does this relative† work within the state agency in which you are applying?
- 7.a. Yes No If "Yes", is the position for which you are applying in the direct line of supervision of your relative or will the position be a supervisory employee of the relative.

*Former is defined as within the last 24 months.

**Constitutional Officer: Governor, Lt. Governor, Secretary of State, Attorney General, Auditor, Treasurer, Land Commissioner.

†Relative includes: : husband, wife, mother, father, stepmother, stepfather, mother-in-law, father-in-law, sister, brother, stepsister, stepbrother, half-sister, half-brother, sister-in-law, brother-in-law, daughter, son, stepdaughter, stepson, daughter-in-law, son-in-law, aunt, uncle, first cousin, niece or nephew.

‡Public Official includes constitutional officers; members of the Arkansas General Assembly; the executive head of any agency, department, board, commission, institution, bureau, or council of the state.

I understand that to be eligible for employment with the State of Arkansas, I must be in compliance with Governor's Executive Order 98-04, Governor's Policy Directive No. 8 and Arkansas Code Annotated (ACA) §21-8-304, which state, in part, that, while employed as a state employee, I cannot enter into any Professional Services Contract or Consultant Service Contract with any state agency unless I am providing Nursing Services and contracting with the Department of Health & Human Services. I also understand that as an employee of the State of Arkansas I am restricted from supervising or being supervised by a relative under ACA §25-16-1002. If I am hired and it can be proven I falsely disclosed or failed to disclose information I could be subject to criminal, civil and/or administrative remedies. I assert that I have answered the above questions to the best of my knowledge.

Applicant Name (Please Print)

Signature of Applicant with Date

Social Security Number

INSTRUCTIONS FOR HIRING OFFICIAL:

- A. The applicant **cannot be hired** if they answered YES to 2, 4b, 5, or 7a.
- B. Submit the form to the State Chief Fiscal Officer (CFO) and the Joint Budget Committee (JBC) / Legislative Council (LC) if the applicant answered YES to 3a. Submit form approved by the CFO & JBC/LC with the hire packet. (*The State CFO is the DFA Director.*)
- C. Submit the form to your agency Human Resource Manager if the applicant answered YES to 6 or 7. Submit the form approved by HR manager with the hire packet.
- D. Complete the form by both the applicant and the Hiring Official (Supervisor). If the applicant answers NO to each question or YES only to 1, 3, 4 and/or 4a. (See instructions above if YES to 3a, 4b or other questions). Submit the completed & signed form along with the hire packet.

This form must be completed by the Hiring Official (Supervisor) for ALL applicants offered employment.

Agency/Institution

Hiring Official

Position Applied for _____ Position # _____ Pay Grade _____ Salary _____

I certify that the applicant meets the education and experience qualifications required to perform the duties of the position for which they are being considered.

Signature of Agency/Institution Hiring Official

Phone Number

<input type="checkbox"/> Approved	_____		
<input type="checkbox"/> Disapproved	Agency/Institution Human Resource Manager	Agency Number	Date

Employee Disclosure Requirements/Restrictions Notice

Employee Disclosure Requirements Notice

Employees must report any benefit obtained from a state contract by a business in which the employee has a financial interest. Ark. Code Ann. § 19-11-706. The employee must report this benefit to the Director of the Department of Finance and Administration.

A state employee has a "financial interest" in a business if he/she:

- has received within the past year, or is presently or in the future entitled to receive, more than one thousand dollars (\$1000) per year, as a result of ownership of any part of the business or any involvement in the business; or
- owns more than a five percent (5%) interest in the business; or
- holds a position in the business such as an officer, director, trustee, partner, employee, or the like, or holds any position of management.

Any employee who knows or should have known of such benefit and fails to report the benefit to the director is in breach of the ethical standards of Ark. Code Ann. § 19-11-706.

Employee Disclosure Restriction Notice

State employees are restricted from employment under certain conditions, both during the time they are employed by the state and after they leave state employment. Ark. Code Ann. § 19-11-709. These restrictions include:

- employment of a current state employee involved in procurement by any party contracting with the state;
- former employees from representing anyone other than the state under certain conditions in matters which the employee participated personally and substantially or which were within the former employee's official responsibility;
- partners of a current or former state employee from representing anyone other than the state under certain conditions;
- selling to the state after termination of employment under certain conditions.

Any current or former state employee who violates any of these employment restrictions is in breach of the ethical standards of Ark. Code Ann. § 19-11-709.

Penalties for Non-Compliance with Ark. Code Ann. § 19-11-706 or § 19-11-709

In addition to civil and administrative remedies, Ark. Code Ann. § 19-11-712 allows the Director of the Department of Finance and Administration to impose against any employee who fails to comply with Ark. Code Ann. § 19-11-706 or § 19-11-709, after notice and an opportunity for a hearing, any one or more of the following:

- oral or written warnings or reprimands;
- forfeiture of pay without suspension;
- suspension with or without pay for specified periods of time; and
- termination of employment.

Pursuant to Arkansas Code Annotated § 19-11-702, any employee who shall knowingly violate either of these restrictions shall be guilty of a felony and upon conviction shall be fined in any sum not to exceed ten thousand dollars (\$10,000) or shall be imprisoned not less than one (1) nor more than five (5) years, or shall be punished by both.

I certify that I have read this Notice and the Ark. Code Ann. §§ 19-11-706, 19-11-702, 19-11-709 and 19-11-712 on the reverse side. The Rule promulgated to enforce Executive Order 98-04 contain additional information regarding this reporting requirement at Section 13 & 14, posted by the agency in a conspicuous place. I understand that it is my responsibility to comply with the requirement to report as explained in Ark. Code Ann §§ 19-11-706 & 19-11-709, this Notice and the rule.

Agency Name

Hiring Official

Name of Employee (Please Print)

Social Security Number

Signature of Employee

Date

See back for Arkansas Code Annotated §§ 19-11-702, 19-11-706, 19-11-709 and 19-11-712

EXCERPTS FROM ARKANSAS CODE ANNOTATED §19-11
SUBCHAPTER 7

19-11-702. Penalties.

Any employee or nonemployee who shall knowingly violate any of the provisions of this subchapter shall be guilty of a felony and upon conviction shall be fined in any sum not to exceed ten thousand dollars (\$10,000) or shall be imprisoned not less than one (1) nor more than five (5) years, or shall be punished by both.

19-11-706. Employee disclosure requirements.

(a) **Disclosure of Benefit Received from Contract.** Any employee who has or obtains any benefit from any state contract with a business in which the employee has a financial interest shall report such benefit to the Director of the Department of Finance and Administration. However, this section shall not apply to a contract with a business where the employee's interest in the business has been placed in a disclosed blind trust.

(b) **Failure to Disclose Benefit Received.** Any employee who knows or should have known of such benefit and fails to report the benefit to the director is in breach of the ethical standards of this section.

19-11-709. Restrictions on employment of present and former employees.

(a) **Contemporaneous Employment Prohibited.** It shall be a breach of ethical standards for any employee who is involved in procurement to become or be, while such an employee, the employee of any party contracting with the state agency by which the employee is employed.

(b) **Restrictions on Former Employees in Matters Connected with Their Former Duties.**

(1) **Permanent Disqualification of Former Employee Personally Involved in a Particular Matter.** It shall be a breach of ethical standards for any former employee knowingly to act as a principal or as an agent for anyone other than the state in connection with any:

- (A) Judicial or other proceeding, application, request for a ruling, or other determination;
- (B) Contract;
- (C) Claim; or
- (D) Charge or controversy in which the employee participated personally and substantially through decision, approval, disapproval, recommendation, rendering of advice, investigation, or otherwise while an employee, where the state is a party or has a direct and substantial interest.

(2) **One-Year Representation Restriction Regarding Matters for Which a Former Employee Was Officially Responsible.** It shall be a breach of ethical standards for any former employee, within one (1) year after cessation of the former employee's official responsibility in connection with any:

- (A) Judicial or other proceeding, application, request for a ruling, or other determination;
- (B) Contract;
- (C) Claim; or
- (D) Charge or controversy knowingly to act as a principal or as an agent for anyone other than the state in matters which were within the former employee's official responsibility, where the state is a party or has a direct or substantial interest.

(c) **Disqualification of Partners.**

(1) **When Partner Is a State Employee.** It shall be a breach of ethical standards for a person who is a partner of an employee knowingly to act as a principal or as an agent for anyone other than the state in connection with any:

- (A) Judicial or other proceeding, application, request for a ruling, or other determination;
- (B) Contract;
- (C) Claim; or
- (D) Charge or controversy in which the employee either participates personally and substantially through decision, approval, disapproval, recommendation, the rendering of advice, investigation, or otherwise, or which is the subject of the employee's official responsibility, where the state is a party or has a direct and substantial interest.

(2) **When a Partner Is a Former State Employee.** It shall be a breach of ethical standards for a partner of a former employee knowingly to act as a principal or as an agent for anyone other than the state where such former employee is barred under subsection (b) of this section.

(d) (1) **Selling to State After Termination of Employment Is Prohibited.** It shall be a breach of ethical standards for any former employee, unless the former employee's last annual salary did not exceed ten thousand five hundred dollars (\$10,500), to engage in selling or attempting to sell commodities or services to the state for one (1) year following the date employment ceased.

(2) The term "sell", as used in this subsection, means signing a bid, proposal, or contract; negotiating a contract; contacting any employee for the purpose of obtaining, negotiating, or discussing changes in specifications, price, cost allowances, or other terms of a contract; settling disputes concerning performance of a contract; or any other liaison activity with a view toward the ultimate consummation of a sale although the actual contract therefore is subsequently negotiated by another person.

(e) (1) This section is not intended to preclude a former employee from accepting employment with private industry solely because his employer is a contractor with this state.

(2) This section is not intended to preclude an employee, a former employee, or a partner of an employee or former employee from filing an action as a taxpayer for alleged violations of this subchapter.

19-11-712. Civil and administrative remedies against employees who breach ethical standards.

(a) **Existing Remedies Not Impaired.** Civil and administrative remedies against employees which are in existence on July 1, 1979, shall not be impaired.

(b) **Supplemental Remedies.** In addition to existing remedies for breach of the ethical standards of this subchapter, or regulations promulgated thereunder, the Director of the Department of Finance and Administration may impose any one (1) or more of the following:

- (1) Oral or written warnings or reprimands;
- (2) Forfeiture of pay without suspension;
- (3) Suspension with or without pay for specified periods of time; &
- (4) Termination of employment.

(c) **Right to Recover from Employee Value Received in Breach of Ethical Standards.** The value of anything received by an employee in breach of the ethical standards of this subchapter, or regulations promulgated thereunder, shall be recoverable by the state as provided in § 19-11-714, which refers to recovery of value transferred or received in breach of ethical standards.

(d) **Due Process.** Notice and an opportunity for a hearing shall be provided prior to imposition of any of the remedies set forth in subsection (b) of this section.

STATE OF ARKANSAS
Department of Finance and Administration

Employee Disclosure Requirements

In Compliance with Governor's Executive Order 98-04
Arkansas Code Annotated § 19-11-706

Pursuant to Arkansas Code Annotated § 19-11-706, employees are required to disclose any benefit received from any state contract. Specifically:

- (a) Any employee who has or obtains any benefit from any state contract with a business in which the employee has a financial interest shall report such benefit to the Director of the Department of Finance and Administration. However, this section shall not apply to a contract with a business where the employee's interest in the business has been placed in a disclosed blind trust.
- (b) Any employee who knows or should have known of such benefit and fails to report the benefit to the director is in breach of the ethical standards of this section.

This employee disclosure shall be made within 30 days after the employee has actual or constructive notice of a benefit received or to be received. Such disclosure shall be made by completing this **Employee Disclosure Requirements** form and forwarding this completed form to:

Director
Department of Finance and Administration
P. O. Box 3278
Little Rock, AR 72203-3278

Employee Name:

Agency Name/ Division where employed:

Name of Person/Business involved with State Contract:

Name of Government Body with which the Business has a Contract:

Dollar Amount and Nature of Contract:

Nature and extent of the benefit received or to be received:

Employee's Signature

Date

