



## **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.

**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	_____ <input type="checkbox"/> Male <input type="checkbox"/> 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 (Descendent 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 addressed to individual state agency personnel offices.

Have you served on active duty in the Unites 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: \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

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

Last Name		First Name		Middle Name	
Complete Mailing Address		City	State	Zip	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

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

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

# WORK HISTORY

List all prior work 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 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.

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

<b>4. Employer</b>		Business phone number		Employment dates	
Complete mailing address		City	State	Zip Code	From
Type of business		Supervisor's name		Month      Year	
Supervisor's name		Name under which employed:		To	
Name under which employed:		Your job title:		Month      Year	
Your job duties (be specific)				Average hours worked	
				Per week	
				Salary	
				Lowest      Highest	
Reason for leaving					
<b>5. Employer</b>		Business phone number		Employment dates	
Complete mailing address		City	State	Zip Code	From
Type of business		Supervisor's name		Month      Year	
Supervisor's name		Name under which employed:		To	
Name under which employed:		Your job title:		Month      Year	
Your job duties (be specific)				Average hours worked	
				Per week	
				Salary	
				Lowest      Highest	
Reason for leaving					
<b>6. Employer</b>		Business phone number		Employment dates	
Complete mailing address		City	State	Zip Code	From
Type of business		Supervisor's name		Month      Year	
Supervisor's name		Name under which employed:		To	
Name under which employed:		Your job title:		Month      Year	
Your job duties (be specific)				Average hours worked	
				Per week	
				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, computer's 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

**THE FOLLOWING IS A PAGE FROM A SAMPLE EMPLOYMENT  
APPLICATION THAT CONTAINS THE CHECKLIST FOR EMPLOYEE DISCLOSURE.**

**DISCLOSURE REQUIREMENTS**

Governor's Executive Order 98-04, Governor's Policy Directive #8, and ACA §21-8-304 require that the following information be disclosed to be considered for employment with the State of Arkansas.

1. Are **you** one of the following:  
 current member of the AR General Assembly?                       former member of the AR General Assembly?  
 current constitutional officer?     former constitutional officer?  
 current state employee?     former state employee?
  
2. Are any of your relatives one of the following: (Relative is defined as husband, wife, mother, father, stepmother, stepfather, mother-in-law, father-in-law, brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, sister-in-law, daughter, son, stepdaughter, stepson, daughter-in-law, son-in-law, uncle, aunt, first cousin, nephew, or niece)  
 current member of the AR General Assembly?                       former member of the AR General Assembly?  
 current constitutional officer?     former constitutional officer?  
 current state employee?     former state employee?
  
3.  None of the above applies.
  
4. Certain family or business relationships may prohibit an agency from hiring you. If any block is checked in #1 or #2 above, you will be required to disclose additional information if you are selected for interview to determine whether your employment would be prohibited or would require approval. I understand, should I become an employee of the State of Arkansas, that I may be reprimanded or terminated for failing to disclose the required information or disclosing incorrect information.

I understand that, should I become an employee of the State of Arkansas, I will be required to disclose any benefit obtained from a state contract by a business in which I have a financial interest, pursuant to ACA §19-11-706, and will be subject to civil, criminal, and/or administrative remedies if I fail to report such benefits.

I understand that, should I become an employee of the State of Arkansas, I will be restricted both during and after state employment from certain activities concerning procurement and selling to the state, pursuant to ACA §19-11-709, and will be subject to civil, criminal, and/or administrative remedies if I violate any of these restrictions.

I also understand that as an employee of the State of Arkansas I am restricted from supervising or being supervised by a relative. If I am hired and it can be proven that I falsely disclosed information in gaining employment that I could be subject to criminal or civil penalties under ACA § 25-16-1004 or § 25-16-1005.

Applicant/Employee Name: \_\_\_\_\_  
(Please Print)

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

Applicant/Employee Signature \_\_\_\_\_