

EMPLOYEE DISCLOSURE/CERTIFICATION AND EMPLOYMENT OF FAMILY MEMBERS FORM

This form is to be completed by all interviewed applicants for a position.

Definitions for the symbols in questions 1 – 9 below. Please read before continuing.

- A State Employee** any employee of any state agency employed in a regular salary position or extra-help position not to include contract labor.
- B Former** is defined as within the last 24 months.
- C Constitutional Officer:** Governor, Lt. Governor, Secretary of State, Attorney General, Auditor, Treasurer, Land Commissioner, General Assembly member.
- D General Assembly member:** member of the Arkansas Senate or the Arkansas House of Representatives.
- E 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.
- F Public Official:** constitutional officers; members of the Arkansas General Assembly; the executive head of any agency, department, board, commission, institution, bureau, or council of the state.
- G Agency or State Agency:** every agency, board, commission, department, division, institution, and other office of state government located within the executive branch of government and under the control of the Governor.

- 1. Yes No Are you a current **state employee**^A?
- 2. Yes No Are you a **former**^B **state employee**^A?
- 3. Yes No Are you a current **Constitutional Officer**^C?
3a. Yes No If "Yes", were you employed prior to your election into office?
3b. ▶ If "Yes," give date elected _____
- 4. Yes No Are you the spouse of a current **Constitutional Officer**^C?
4a. ▶ If "Yes," give spouse's name _____
position/office _____
4b. Yes No If "Yes", is your expected salary above \$37,649 annually or above \$18.10 per hour?
- 5. Yes No Are you the spouse of a **former**^B **Constitutional Officer**^C?
5a. ▶ If "Yes," give spouse's name _____
position/office _____
- 6. Yes No Are you or your spouse a **former**^B **General Assembly member**^D?
6a. ▶ If "Yes," give spouse's name _____
position/office _____
6b. 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?
- 7. Yes No Are you a **relative**^E of the **Public Official**^F in charge of the **agency**^G in which you are applying?
7a. ▶ If "Yes," give **relative's**^E name _____
position/office _____
relationship _____
- 8. Yes No Are you a **relative**^E of a **state employee**^A, state board or commission member or are you a **relative**^E (**other than the spouse**) of a **Constitutional Officer**^C or an Arkansas **General Assembly member**^D?
8a. ▶ If "Yes," give **relative's**^E name _____
position/office _____
relationship _____
- 9. Yes No If you checked "Yes" in #8 above, does this **relative**^E work within the **state agency**^G in which you are applying?
9a. Yes No If "Yes", is the position for which you are applying in the direct line of supervision of your **relative**^E or will the position be a supervisory employee of the **relative**^E.

I understand to be eligible for employment with the State of Arkansas, I must comply with Governor's Executive Order 98-04, ACA §21-1-401-408, and ACA §25-16-1001-1007. I also understand that as an employee of the State of Arkansas I am restricted from supervising or being supervised by a relative specifically 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)

Applicant Signature

Date

**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:

<input type="checkbox"/> current member of the AR General Assembly?	<input type="checkbox"/> former member of the AR General Assembly?
<input type="checkbox"/> current constitutional officer?	<input type="checkbox"/> former constitutional officer?
<input type="checkbox"/> current state employee?	<input type="checkbox"/> 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)

<input type="checkbox"/> current member of the AR General Assembly?	<input type="checkbox"/> former member of the AR General Assembly?
<input type="checkbox"/> current constitutional officer?	<input type="checkbox"/> former constitutional officer?
<input type="checkbox"/> current state employee?	<input type="checkbox"/> 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 _____