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.

_____ _____

Signed Date

Complete page 2 only if any block is checked in #1 or #2 above.

STATE OF ARKANSAS
Department of Finance and Administration

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*

_____	_____
Signature of Agency/Institution Hiring Official	*Phone Number*

☐ Approved ☐ Disapproved	Agency/Institution Human Resource Manager	Agency Number	Date

F-3/F-4 Rev. 9/20/05