



**STATE OF ARKANSAS  
ARKANSAS HOUSE OF REPRESENTATIVES  
EMPLOYMENT APPLICATION**

- Applications for employment with the Arkansas House of Representatives are accepted without regard to sex, race, color, national origin, disability, age, religion, political affiliation, or veteran status. Conviction of a crime does not automatically bar any applicant from employment or other opportunities with the Arkansas House of Representatives.
- 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 Arkansas House of Representatives. If any individual is hired, employment is for no 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.

**APPLICATION FOR EMPLOYMENT**  
**"An Equal Opportunity Employer"**  
Arkansas House of Representatives  
Room 350, State Capitol Building  
Little Rock, AR 72201-1089  
(501) 682-7771

Instructions to Applicant:

**Please fill in all spaces.** If an item does not apply, write "N/A." This application will not be valid and processed unless completed in full. You must identify the specific position for which you are applying as this application only applies to that position. Furthermore, the position must be open at the time of the application for the application to be valid.

Please print or type in ink clearly. Provide only the information requested. Failure to do any of the above will result in disqualification of your application.

DATE: \_\_\_\_\_

<b>PERSONAL INFORMATION:</b>				
Name:				
(Last)	(First)	(Middle)	Social Security Number	
Address:				
(Street)	(City)	(State)	(Zip)	(Phone Number)

Have you ever served or been a candidate for public office? ____ If yes, give name of office and dates.
Have you ever been convicted of a crime by a civilian or military court, other than a minor traffic violation? ____ If so, give details. (Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.)
Have you ever been discharged or forced to resign from a position? ____ If so, give reason(s) and date(s).

<b>EMPLOYMENT DESIRED:</b>
Position applying for (Be specific): _____
Date available: _____ Salary desired: _____
From your review of the job functions for the position for which you are applying, are you able to perform the essential functions of the job with or without reasonable accommodation? ____ Yes _____ No
Please list the name of the individual who referred you for employment? _____
Have you applied for work with the House of Representatives before? ____ Yes ____ No
If yes, when? _____
Are you willing to work overtime? ____ Yes ____ No
Are you presently employed? _____ Name of Employer: _____
Address/Phone Number of Present Employer: _____
Why do you wish to change jobs? _____
May we inquire of your present employer? ____ Yes ____ No
May we inquire of your former employers? ____ Yes ____ No
Is there any time of the day or night, or particular days of the week, including weekends, that you are unable to work? ____ Yes ____ No If yes, state when _____

For <b>Session employment</b> , are you available to work from the <b>second Monday in January through May 1, (odd-numbered years)</b> ? ____ If not, please explain.
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Type of employment desired: Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ If part time, please state the number of hours and what days you are available to work: \_\_\_\_\_  
 Is there any reason you could not be at work regularly on time? \_\_\_\_\_

Are you now receiving or do you intend to receive any monetary considerations, gifts, payments, retainers, anything of value, etc. from any corporation, organization, firm, group or individual, etc. that is affected by the actions of the General Assembly? \_\_\_\_\_ If yes, give name(s). \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Are you of legal age to work? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 (If hired, proof of status will be required.)

**Special Skills:**  
 Typing Speed (corrected words per minute): \_\_\_\_\_  
 Stenographic Speed (words per minute): \_\_\_\_\_  
 Can you transcribe machine dictation? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 List the computers, word processing software, business machines and copiers you are trained to use: \_\_\_\_\_  
 \_\_\_\_\_  
 List any other skills relative to the job(s) for which you are applying: \_\_\_\_\_  
 \_\_\_\_\_

**Previous employment with the House of Representatives:**  
 Dates: \_\_\_\_\_  
 Duties: \_\_\_\_\_  
**Previous employment with any other State Agency:**  
 Dates: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Duties: \_\_\_\_\_

**EDUCATION:**  
**HIGH SCHOOL:** Diploma? \_\_\_\_\_ G.E.D.? \_\_\_\_\_ If none, highest grade completed. \_\_\_\_\_

List below all post secondary schools, colleges, universities, trade/vocational, or others attended.

NAME AND LOCATION	DATES ATTENDED	MAJOR/MINOR	DEGREE/DIPLOMA AWARDED	DATE GRADUATED

List any additional work experience, education, skills, information, licenses, certifications, special study, or research work relating to position applied for or of general interest not listed above:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Is any additional information necessary to enable a check of your records such as a change of name, use of an assumed name, or nickname? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If hired, would you be willing to perform other jobs as needed? \_\_\_\_\_

**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.) If any information is not recalled, so note.

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

4.	Employer	Business phone number			Employment dates From: _____ (Month) (Yr.)
Complete mailing address		City	State	Zip Code	To: _____ (Month) (Yr.)
Type of business					
Supervisor's name					
Name under which employed		Your job title			Average hours worked per week: _____
Your job duties (be specific)					
Salary: \$ _____ \$ _____ Lowest Highest					
Reason for leaving					
5.	Employer	Business phone number			Employment dates From: _____ (Month) (Yr.)
Complete mailing address		City	State	Zip Code	To: _____ (Month) (Yr.)
Type of business					
Supervisor's name					
Name under which employed		Your job title			Average hours worked per week: _____
Your job duties (be specific)					
Salary: \$ _____ \$ _____ Lowest Highest					
Reason for leaving					
6.	Employer	Business phone number			Employment dates From: _____ (Month) (Yr.)
Complete mailing address		City	State	Zip Code	To: _____ (Month) (Yr.)
Type of business					
Supervisor's name					
Name under which employed		Your job title			Average hours worked per week: _____
Your job duties (be specific)					
Salary: \$ _____ \$ _____ Lowest Highest					
Reason for leaving					
Please account for all periods of unemployment longer than three (3) months: _____ _____					

**REFERENCES:**

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

NAME:	ADDRESS:	PHONE NUMBER:
1.		
2.		
3.		

**NEPOTISM:**

Do you have any relatives employed by the House of Representatives? \_\_\_\_ If so, 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
1.	
2.	
3.	

**All applicants are considered for employment without regard to race, color, sex, age, religion,**

**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, my employment is at will, not for any definite period of time, and that 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 Ark. Code Ann. § 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 with the Arkansas House of Representatives and this application is submitted solely for that purpose and for no other purposes.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**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
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**Check one (1) of the following, 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 veteran's 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 the Coordinator of the House of Representatives.

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
- Personal Announcement
- Education Institution. Name of Institution: \_\_\_\_\_
- Other Explain: \_\_\_\_\_