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, physical/mental handicap, 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 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.

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 addressed 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

☐ Personal 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 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. _____

Name: _____ First _____ Middle _____ Last _____

EMPLOYMENT STATUS SECTION

Will you accept employment anywhere in the State? . . . . . ☐ Yes ☐ No

If no, where would you accept employment? _____

Will you accept any type of employment? ☐ Yes ☐ No

If no, check which type(s) of employment you will accept. ☐ Full Employment ☐ Part Time ☐ Temporary

Have you ever filed an application for employment with this agency? ☐ Yes ☐ No

If yes, what was your name at that time? _____

Have you ever been employed by Arkansas State Government? ☐ Yes ☐ 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? . . . . . ☐ Yes ☐ No

May we contact your former employer(s)? . . . . . ☐ Yes ☐ No

EDUCATIONAL HISTORY

HIGH SCHOOL	Received: ☐ Diploma ☐ G.E.D. ☐ Certificate: Type Awarded: _____	If None, Highest Grade Completed ___

■ 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 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 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. 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. 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. 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. 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. 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? ☐ YES ☐ 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*

Notice to Applicants

Read carefully before filing this application

- The Department of Finance and Administration is an Equal Opportunity Employer.
- An application will not be given employment consideration unless the applicant fills out the **entire application form** and provides the job title(s) for which he or she is making application. EACH APPLICANT MUST SIGN AND DATE THE APPLICATION. Applicants are encouraged to attach an original resume to supplement their application.
- Any employment application received after 4:30 p.m. on the closing date listed for a particular job vacancy on the Department's Job Vacancy Listing, even if postmarked on the closing date, will not be referred for employment consideration. However, the application will be screened and placed in the Active Applications File for sixty (60) calendar days from the date it is entered into the Department's system. If a vacancy of the same or different job title occurs while the application is in active status, or if an applicant wishes to extend the 60 day period, the applicant must contact Internal Personnel.
- Each employment application form contains spaces for applicants to write four (4) job titles for which he or she wishes to make application. Once these four (4) spaces have been filled in, the applicant must submit a new application. This requirement will be enforced each time an application is filed and the four (4) spaces are filled in.
- The applicant should provide correct telephone numbers and addresses where he or she can be contacted; should either change, please notify Internal Personnel.
- The Internal Personnel Section screens applications daily to match applicant's qualifications with job vacancies. If an applicant is certified as possessing the minimum qualifications for any specific job, his or her application will be forwarded to the appropriate hiring official(s) for employment consideration. If an applicant is selected for an employment interview, the appropriate hiring official(s) will contact the applicant. Selection is made from among the best qualified applicants.
- Applications may be deleted from further consideration for a classification or job title if:
  - (a) The applicant declines an appointment in the job title for which he or she has made application and states that he or she no longer desires consideration.
  - (b) The applicant accepts employment with the Department of Finance and Administration for the same job title for which he or she has made application. Once hired, the applicant may however, submit new applications for promotional/transfer opportunities.
  - (c) The Internal Personnel Section is unable to contact the applicant after a reasonable amount of effort at the telephone numbers or addresses provided by the applicant.
  - (d) The applicant fails to appear for a scheduled clerical test.
  - (e) The applicant does not meet the minimum qualifications established for a specific job title or classification.
- It is the policy of the Department to maintain a drug-free workplace. Therefore, the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in the State's workplace is prohibited. Any individual who is hired as an employee of the Department and who violates the Department's Drug-free Workplace policy will be subject to discipline up to and including termination.
- It is the policy of the Department that employees file timely and properly all tax returns in keeping with the requirements of applicable laws, regulations and ordinances and pay timely any valid

taxes owed. To be eligible for hire, each individual will be required to provide upon request, a completed Acknowledgement of Receipt of the Tax Obligation Policy. Employees who violate the Department's Tax Obligation Policy are subject to termination.

- An applicant may be eligible for Veterans Preference as a Five Point Veteran if he or she is:
  - (a) An honorably discharged veteran and submits a DD-214 Form with his or her application for employment.
  - (b) The widow or widower of a veteran and submits proof of his or her spouse's enlistment, induction or entry on active duty; marriage license or certification of marriage, and death certificate or acceptable proof showing date of spouse's death.
- An applicant may be eligible for Veterans Preference as a Ten Point Veteran if he or she is:
  - (a) A service-connected disabled veteran and submits his or her DD-214, and service-connected disability letter from the Veterans Administration dated within the last six (6) months.
  - (b) The spouse of a service-connected disabled veteran whose disabilities disqualifies him or her from appointment to the position for which application is being made and submits veteran's DD-214, a service-connected disability letter from the Veterans Administration dated within the last six (6) months and marriage license or certificate of marriage.
  - (c) A veteran over 55 years of age who is disabled and entitled to pension or compensation under existing laws and submits his or her DD-214, birth certificate and an affidavit showing proof of disability.
  - (d) The spouse of a veteran listed in (c) above whose disability disqualifies him or her from appointment and who submits his or her spouse's DD-214, marriage license or certificate of marriage and birth certificate or other acceptable proof of veteran's age.

Note: *Veterans Preference Points will be awarded only after submission of appropriate documentation.*

Please Return Completed Application to:

INTERNAL PERSONNEL SECTION
Department of Finance and Administration
P. O. Box 2485
Room 605 - 1515 Building
Little Rock, AR 72203
Office Hours: 8:00 a.m. - 4:30 p.m. / Monday - Friday

Visit our Internet Address at
www.state.ar.us/dfa/
Or call
DFA JobLine
501-682-5627
(List is updated each Monday morning)