ARKANSAS SECRETARY OF STATE

EMPLOYMENT APPLICATION

• Applications for employment with the Secretary of 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 Secretary of State. 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 and the amendments of the ADAAA, may request any needed accommodations to participate in the application process.

• Act 228 of 1997 specifies that no person who is required to register with the Selective Service System shall be eligible for employment by the State of Arkansas unless the person has signed a statement of selective service status. It further requires that the statement of selective service status must be sworn under penalty of perjury that the person is either registered in accordance with the Military Selective Service Act or excused from such registration.

Revised 10/2012

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 page is **voluntary.**

Applicant's Name_____
Social Security Number _____
Date of Birth _____ ❑ Male ❑ Female

■ **Check one in the list below that you consider yourself to be:**
❑ White/Not Hispanic Origin
❑ Black/Not Hispanic Origin
❑ American Indian or Alaskan Native
❑ Asian or Pacific Islander
❑ Hispanic

If you do not you consider yourself to be any of the above, please check "other" below.
❑ Other

■ **Military History**
If you believe you may be eligible for veteran's preference consideration, complete this section. The *Arkansas Veterans Preference Act* states specific requirements which must be met in order to be eligible for veteran's reference. Under certain conditions, spouses, widows, or widowers of qualified veterans may also be eligible for veteran's preference. For consideration of veteran's preference, proof such as a 00-214, current letter from Veterans' Administration or other official documentation may be required. Specific questions regarding veteran's 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?**
❑ Arkansas Job Link
❑ Newspaper
❑ Department of Workforce Services
❑ Secretary of State Website
❑ 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 or type.**

LAST NAME	FIRST NAME	MIDDLE NAME/INITIAL	
COMPLETE MAILING ADDRESS	CITY	STATE	ZIP CODE

HOME PHONE	WORK PHONE	PERSONAL CELL	PERSONAL EMAIL

LIST THE POSITION YOU ARE APPLYING FOR: (REQUIRED)

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 Time ❑ 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 for which you are applying. Give type of license, license number, date of expiration, and state.

EDUCATION STATUS SECTION (Required)

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	Major/Minor	Hours Completed (See note below)	Year Graduated	Degree or Diploma Awarded

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

A transcript of your most recent coursework should be attached to this application.

Revised 10/2012

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 work 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 to supplement the work history section, make sure **ALL** the requested information is included.

1. Current of most recent employer			Business Phone Number	EMPLOYMENT DATES From _ To _____ Month Year
Complete mailing address	City	State	ZIP Code	
Type of business				Average hours worked per week
Supervisor's name				
Name under which employed		Your job title		Salary $_____ $_____ Lowest Highest
Your job duties (be specific)				
Reason for Leaving				

2. Former employer			Business Phone Number	EMPLOYMENT DATES From _ To _____ Month Year
Complete mailing address	City	State	ZIP Code	
Type of business				Average hours worked per week
Supervisor's name				
Name under which employed		Your job title		Salary $_____ $_____ Lowest Highest
Your job duties (be specific)				
Reason for Leaving				

3. Former employer			Business Phone Number	EMPLOYMENT DATES From _ To _ _ Month Year
Complete mailing address	City	State	ZIP Code	
Type of business				Average hours worked per week
Supervisor's name				
Name under which employed		Your job title		Salary $_____ $_____ Lowest Highest
Your job duties (be specific)				
Reason for Leaving				

4. Former employer			Business Phone Number	EMPLOYMENT DATES From To Month Year
Complete mailing address	City	State	ZIP Code	
Type of business				Average hours worked per week
Supervisor's name				
Name under which employed		Your job title		Salary $_____ $_____ Lowest Highest
Your job duties (be specific)				
Reason for Leaving				

5. Former employer			Business Phone Number	EMPLOYMENT DATES From To Month Year
Complete mailing address	City	State	ZIP Code	
Type of business				Average hours worked per week
Supervisor's name				
Name under which employed		Your job title		Salary $_____ $_____ Lowest Highest
Your job duties (be specific)				
Reason for Leaving				

6. Former employer			Business Phone Number	EMPLOYMENT DATES From To Month Year
Complete mailing address	City	State	ZIP Code	
Type of business				Average hours worked per week
Supervisor's name				
Name under which employed		Your job title		Salary $_____ $_____ Lowest Highest
Your job duties (be specific)				
Reason for Leaving				

SPECIAL SKILLS: Put a check beside business machines you can operate and software you are trained to use - add additional under "other."

❑computer (laptop/desktop) ❑10 key adding machine ❑ copier ❑ scanner

❑shredder ❑fax machine ❑ printer ❑ multi-line phone

❑ Microsoft Office Suite ❑ Word ❑ Excel ❑ graphics programs

❑ Access ❑ Internet research ❑ accounting programs

❑ other _____

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 Secretary of State? ❑ Yes ❑ No **If yes**, complete the remainder of this section and list name(s) below.

(This question is being asked for the sole purpose of ensuring compliance with any applicable law of policy concerning nepotism.)

Name	Relationship

DISCLOSURE REQUIREMENTS

Governor's Executive Order 98-04, Governor's Policy Directive #8, and ACA §21-8-304 require 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 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 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.

■ Before you sign this application

Check over your answers to make sure that all the 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 maybe required as a condition of employment.

I understand that if I state I have a college degree, and do not have one, my application may be rejected or, if hired, I may be terminated in accordance with Arkansas Code 21-12-102.

I understand that false, misleading, or incomplete statements could lead to my dismissal as an employee or rejection as an applicant.

I affirm that it is my genuine intent to seek employment in Arkansas State Government, and this application is submitted solely for that purpose and for no other purpose.

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. _____ (Applicant's initials)

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 §25-16-1005.

I understand that if I am hired, my employment is not for any definite period of time, and I may be terminated at any time. _____ (Applicant's initials)

I understand that my application may be subject to disclosure as a public record under the Arkansas Freedom of Information Act.

I understand that the Secretary of State's Office may impose additional requirements as a condition of application or employment. _____ (Applicant's initials)

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. _____ (Applicant's initials)

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. _____ (Applicant's initials)

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.
_____ (Applicant's initials)

(If the sections above are not initialed, this application will be held and not considered until this page is complete.)

_____ _____
Signature of applicant Date of signature

Arkansas Secretary of State
State Capitol Little Rock, Arkansas 72201-1094 (501) 682-1010

STATEMENT OF SELECTIVE SERVICE STATUS IN COMPLIANCE WITH ACT 228 OF THE 1997 ACTS OF THE ARKANSAS GENERAL ASSEMBLY

I understand that to be eligible for employment with the State of Arkansas I must register, or be exempt from registration, with the Selective Service System in accordance with the Military Selective Service Act, 50 U.S.C. Appx §451 et seq., as specified in Act 228 of the 1997 Acts of the Arkansas General Assembly. I therefore swear or affirm under penalty of perjury that I have registered with the Selective Service System, or I am exempted from such registration because of the following provision(s) of the Military Selective Service Act of Act 228 of the 1997 Acts of the Arkansas General Assembly.

Applicant MUST check one box.

- ☐ I am a female
- ☐ I am a current member of the armed forces on active duty
- ☐ I am under 18 years of age
- ☐ I am 26 years of age or over
- ☐ I am an exempted resident alien
- ☐ Other, please specify

_____

_____ _____
Name (Please Print) Date

_____
Signature

Eff. 06/2012

Notice to Applicants
For Employment with the
Arkansas Secretary of State's Office

- The Arkansas Secretary of State's Office is an Equal Opportunity Employer.

- An application will be given employment consideration only if the applicant **completes the <u>entire</u> application and indicates the job title** for which he or she is making application. The applicant must sign and date each application. Resumes are accepted to supplement the application, but should not be submitted in place of the application.

- Employment applications postmarked by **4:30 p.m.** on the closing date of any advertised vacancy will be accepted for consideration of the vacancy. The Secretary of State's Office is not responsible for delayed delivery by any postal service.

- The application will be kept on file for six months. After that time, the applicant must re-apply to be considered for vacancies.

- To notify applicants selected for interviews, the applicant will be contacted via the phone numbers and addresses provided on this application. If contact cannot be made after reasonable effort, the applicant will be removed from consideration for employment.

This application Should Be Returned To The Address Shown Below.

HUMAN RESOURCE MANAGER
ARKANSAS SECRETARY OF STATE OFFICE
STATE CAPITOL
LITTLE ROCK, AR 72201-1094