



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.

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 _____ <input type="checkbox"/> Male <input type="checkbox"/> 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 preference. 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 or ArStateJobs
- 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 (hit enter)		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? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, where would you accept employment? _____
Will you accept any type of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, check which type(s) of employment you will accept. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
Have you ever filed an application for employment with this agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was your name at that time? _____
Have you ever been employed by Arkansas State Government? <input type="checkbox"/> Yes <input type="checkbox"/> 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:	If None, Highest Grade Completed: _____
	<input type="checkbox"/> Diploma <input type="checkbox"/> G. E. D. <input type="checkbox"/> Certificate: Type Awarded: _____	

■ 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.**

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. **Resume may not be substituted for completion of application form.** but may be included.

1. Current of most recent employer			Business Phone Number	EMPLOYMENT DATES From _____ Month Year 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 _____ Month Year 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 _____ Month Year 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				

Resume may not be substituted for completion of application form, but may be included.

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

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

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

Reason for Leaving

Resume may not be substituted for completion of application form, but may be included.

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

<input type="checkbox"/> computer (laptop/desktop)	<input type="checkbox"/> 10 key adding machine	<input type="checkbox"/> copier	<input type="checkbox"/> scanner
<input type="checkbox"/> shredder	<input type="checkbox"/> fax machine	<input type="checkbox"/> printer	<input type="checkbox"/> multi-line phone
<input type="checkbox"/> Microsoft Office Suite	<input type="checkbox"/> Word	<input type="checkbox"/> Excel	<input type="checkbox"/> graphics programs
<input type="checkbox"/> Access	<input type="checkbox"/> Internet research	<input type="checkbox"/> accounting programs	
<input type="checkbox"/> 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.		

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

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) at right

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?

- | | |
|---|---|
| <input type="checkbox"/> current member of the AR General Assembly? | <input type="checkbox"/> former member of the 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: **If yes,** check & list at right.

Name	Relationship

- | | |
|---|--|
| <input type="checkbox"/> Current constitutional officer | <input type="checkbox"/> Former member of the General Assembly |
| <input type="checkbox"/> Current member of the AR General Assembly (Former refers to employment during most Recent two years) | <input type="checkbox"/> Former constitutional officer |
| | <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.

■ **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 may be 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 applicable box(es).

- 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
- I am a male, currently registered for Selective Service
- Other, please specify

Name (Please Print)

Date

Signature



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 entire 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, ROOM 03
LITTLE ROCK, AR 72201-1094**