

**EMPLOYEE DISCLOSURE/CERTIFICATION AND EMPLOYMENT OF FAMILY MEMBERS FORM**

**This form is to be completed by all interviewed applicants for a position.**

**Definitions for the symbols in questions 1 – 9 below. Please read before continuing.**

- A State Employee** any employee of any state agency employed in a regular salary position or extra-help position not to include contract labor.
- B Former** is defined as within the last 24 months.
- C Constitutional Officer:** Governor, Lt. Governor, Secretary of State, Attorney General, Auditor, Treasurer, Land Commissioner, General Assembly member.
- D General Assembly member:** member of the Arkansas Senate or the Arkansas House of Representatives.
- E 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.
- F Public Official:** constitutional officers; members of the Arkansas General Assembly; the executive head of any agency, department, board, commission, institution, bureau, or council of the state.
- G Agency or State Agency:** every agency, board, commission, department, division, institution, and other office of state government located within the executive branch of government and under the control of the Governor.

- 1.  Yes  No Are you a current **state employee**<sup>A</sup>?
- 2.  Yes  No Are you a **former**<sup>B</sup> **state employee**<sup>A</sup>?
- 3.  Yes  No Are you a current **Constitutional Officer**<sup>C</sup>?
- 3a.  Yes  No If "Yes", were you employed prior to your election into office?
- 3b.  Yes  No If "Yes", give date elected \_\_\_\_\_
- 4.  Yes  No Are you the spouse of a current **Constitutional Officer**<sup>C</sup>?
- 4a.  Yes  No If "Yes", give spouse's name \_\_\_\_\_  
position/office \_\_\_\_\_
- 4b.  Yes  No If "Yes", is your expected salary above \$37,649 annually or above \$18.10 per hour?
- 5.  Yes  No Are you the spouse of a **former**<sup>B</sup> **Constitutional Officer**<sup>C</sup>?
- 5a.  Yes  No If "Yes", give spouse's name \_\_\_\_\_  
position/office \_\_\_\_\_
- 6.  Yes  No Are you or your spouse a **former**<sup>B</sup> **General Assembly member**<sup>D</sup>?
- 6a.  Yes  No If "Yes", give spouse's name \_\_\_\_\_  
position/office \_\_\_\_\_
- 6b.  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?
- 7.  Yes  No Are you a **relative**<sup>E</sup> of the **Public Official**<sup>F</sup> in charge of the **agency**<sup>G</sup> in which you are applying?
- 7a.  Yes  No If "Yes", give **relative's**<sup>E</sup> name \_\_\_\_\_  
position/office \_\_\_\_\_  
relationship \_\_\_\_\_
- 8.  Yes  No Are you a **relative**<sup>E</sup> of a **state employee**<sup>A</sup>, state board or commission member or are you a **relative**<sup>E</sup> (**other than the spouse**) of a **Constitutional Officer**<sup>C</sup> or an Arkansas **General Assembly member**<sup>D</sup>?
- 8a.  Yes  No If "Yes", give **relative's**<sup>E</sup> name \_\_\_\_\_  
position/office \_\_\_\_\_  
relationship \_\_\_\_\_
- 9.  Yes  No If you checked "Yes" in #8 above, does this **relative**<sup>E</sup> work within the **state agency**<sup>G</sup> in which you are applying?
- 9a.  Yes  No If "Yes", is the position for which you are applying in the direct line of supervision of your **relative**<sup>E</sup> or will the position be a supervisory employee of the **relative**<sup>E</sup>?

*I understand to be eligible for employment with the State of Arkansas, I must comply with Governor's Executive Order 98-04, ACA §21-1-401-408, and ACA §25-16-1001-1007. I also understand that as an employee of the State of Arkansas I am restricted from supervising or being supervised by a relative specifically 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)

Applicant Signature

Date