

STATE OF ARKANSAS  
Department of Finance and Administration

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

- 1.  Yes  No Are you a **current** or **former\*** state employee?
- 2.  Yes  No Are you a **current** Constitutional Officer\*\* or Arkansas General Assembly member?
- 3.  Yes  No Are you the spouse of a **current** Constitutional Officer\*\* or Arkansas General Assembly member?  
▶ If "Yes," give **spouse's name & office.** \_\_\_\_\_
- 3.a.  Yes  No If "Yes," is your expected salary above the pay grade 13, level IV?
- 4.  Yes  No Are you a **former\* member** or the **spouse** of a **former member** of the Arkansas General Assembly?  
▶ If "Yes," give **member or spouse's name & office.** \_\_\_\_\_
- 4.a.  Yes  No If "Yes," did you serve or did your spouse serve within the last 24 months?
- 4.b.  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?
- 5.  Yes  No Are you a **relative†** of the Public Official‡ in charge of the agency in which you are applying?  
▶ If "Yes," give **relative's name, position or office & relationship.** \_\_\_\_\_
- 6.  Yes  No Are you a **relative† (other than the spouse)** of a Constitutional Officer or an Arkansas General Assembly member or are you a **relative†** of a state employee, state board or commission member?  
▶ If "Yes," give **relative's name, position or office & relationship.** \_\_\_\_\_
- 7.  Yes  No If you checked "Yes" in #6 above, does this relative† work within the state agency in which you are applying?
- 7.a.  Yes  No If "Yes", is the position for which you are applying in the direct line of supervision of your relative or will the position be a supervisory employee of the relative.

\*Former is defined as within the last 24 months.

\*\*Constitutional Officer: Governor, Lt. Governor, Secretary of State, Attorney General, Auditor, Treasurer, Land Commissioner.

†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.

‡Public Official includes constitutional officers; members of the Arkansas General Assembly; the executive head of any agency, department, board, commission, institution, bureau, or council of the state.

*I understand that to be eligible for employment with the State of Arkansas, I must be in compliance with Governor's Executive Order 98-04, Governor's Policy Directive No. 8 and Arkansas Code Annotated (ACA) §21-8-304, which state, in part, that, while employed as a state employee, I cannot enter into any Professional Services Contract or Consultant Service Contract with any state agency unless I am providing Nursing Services and contracting with the Department of Health & Human Services. I also understand that as an employee of the State of Arkansas I am restricted from supervising or being supervised by a relative 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*

**INSTRUCTIONS FOR HIRING OFFICIAL:**

- A.** The applicant **cannot be hired** if they answered YES to 2, 4b, 5, or 7a.
- B.** Submit the form to the State Chief Fiscal Officer (CFO) and the Joint Budget Committee (JBC) / Legislative Council (LC) if the applicant answered YES to 3a. Submit from approved by the CFO & JBC/LC with the hire packet. (*The State CFO is the DFA Director.*)
- C.** Submit the form to your agency Human Resource Manager if the applicant answered YES to 6 or 7. Submit the form approved by HR manager with the hire packet.
- D.** Complete the form by both the applicant and the Hiring Official (Supervisor). If the applicant answers NO to each question or YES only to 1, 3, 4 and/or 4a. (See instructions above if YES to 3a, 4b or other questions). Submit the completed & signed form along with the hire packet.

***This form must be completed by the Hiring Official (Supervisor) for ALL applicants offered employment.***

Agency/Institution | \_\_\_\_\_ | Hiring Official | \_\_\_\_\_ | \_\_\_\_\_ |

Position Applied for | \_\_\_\_\_ | Position # | \_\_\_\_\_ | Pay Grade | \_\_\_\_\_ | Salary | \_\_\_\_\_ |  
*I certify that the applicant meets the education and experience qualifications required to perform the duties of the position for which they are being considered.*

\_\_\_\_\_  
*Signature of Agency/Institution Hiring Official*                      \_\_\_\_\_  
*Phone Number*

<input type="checkbox"/> Approved	_____	_____	_____
<input type="checkbox"/> Disapproved	_____ Agency/Institution Human Resource Manager	_____ Agency Number	_____ Date