

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.

Date of	Birth	☐ Malé	
■ Chec	k one of the four (4) list	ted which you o	onsider vourself to be:
		•	f Europe, North Africa, or the Middle East.)
	Black (Descendant of the	black racial group	s in Africa.)
		•	dant of any of the original peoples of North cation through tribal affiliation or community
	- · ·		original peoples of the Far East, Southeast Islands.)
Do you	consider yourself to be Hisp	panic (A person of	Maviaan Buarta Biaan Cuban Cantral ar
■ Milit The to be qualit	merican or other Spanish C ary History ou believe you may be eligit Arkansas Veterans Preferen eligible for veterans prefere fied veterans may also be e	ble for veterans proceed of the states species of the states speci	Mexican, Puerto Rican, Cuban, Central or dless of race.) Yes No ference consideration, complete this section ific requirements which must be met in order conditions spouses, widows, or widowers or s preference. For consideration of veterans
■ Milit If y The z to be qualit prefe officia be ad	merican or other Spanish C ary History rou believe you may be eligit Arkansas Veterans Preferen eligible for veterans prefere fied veterans may also be e rence, proof such as a DD al documentation may be rec ddressed to individual state you served on active duty i	ble for veterans pro- ce Act states spec- ence. Under certain eligible for veterar -214, current lette quired. Specific qu agency personnel in the United State	dless of race.) Yes No ference consideration, complete this section ific requirements which must be met in order conditions spouses, widows, or widowers o s preference. For consideration of veterans r from the Veterans Administration, or other estions regarding veterans preference should offices.
■ Milit If y The z to be qualit prefe officia be ad	merican or other Spanish C ary History ou believe you may be eligit Arkansas Veterans Preferen eligible for veterans prefere fied veterans may also be e rence, proof such as a DD al documentation may be rec idressed to individual state	ble for veterans pro- ce Act states spec- ence. Under certain eligible for veterar -214, current lette quired. Specific qu agency personnel in the United State	dless of race.) Yes No ference consideration, complete this section ific requirements which must be met in order conditions spouses, widows, or widowers o s preference. For consideration of veterans r from the Veterans Administration, or other estions regarding veterans preference should offices.
■ Milit If y The z to be qualit prefe officia be ad	merican or other Spanish C ary History ou believe you may be eligit Arkansas Veterans Preferen- eligible for veterans prefere fied veterans may also be of rence, proof such as a DD al documentation may be reo dressed to individual state dressed to individual state you served on active duty i uTra) and Reserve Military A Branch of service	ble for veterans proceed of the states spectrum of the states spectrum of the states spectrum of the states spectrum of the state spectrum of the spectrum of	dless of race.) Yes No ference consideration, complete this section ific requirements which must be met in order conditions spouses, widows, or widowers o s preference. For consideration of veterans r from the Veterans Administration, or other estions regarding veterans preference should offices.
■ Milit If y The z to be qualit prefe officia be ad	merican or other Spanish C ary History you believe you may be eligit Arkansas Veterans Preference eligible for veterans preference fied veterans may also be of rence, proof such as a DD al documentation may be rec ddressed to individual state you served on active duty in uTra) and Reserve Military A Branch of service Date of entry	ble for veterans pre- ce Act states spec- ence. Under certain eligible for veterar -214, current lette quired. Specific qu agency personnel in the United State Annual Training (A	dless of race.) Yes No ference consideration, complete this section ific requirements which must be met in orde conditions spouses, widows, or widowers o s preference. For consideration of veterans r from the Veterans Administration, or othe estions regarding veterans preference should offices. s military, excluding Active Duty for Training T)? Yes No
■ Milit If y The z to be qualit prefe officia be ad	merican or other Spanish C ary History rou believe you may be eligit Arkansas Veterans Preference eligible for veterans preference fied veterans may also be of rence, proof such as a DD al documentation may be rec ddressed to individual state you served on active duty in uTra) and Reserve Military A Branch of service Date of entry Date of discharge	ble for veterans pre- ce Act states spec- ence. Under certain eligible for veterar -214, current lette quired. Specific qu agency personnel in the United State Annual Training (A	dless of race.) Yes No ference consideration, complete this section ific requirements which must be met in orde conditions spouses, widows, or widowers o s preference. For consideration of veterans r from the Veterans Administration, or othe estions regarding veterans preference should offices. s military, excluding Active Duty for Training T)? Yes No
■ Milit If y The <i>i</i> to be qualit prefe officia be ac Have (AcD	merican or other Spanish C ary History rou believe you may be eligit Arkansas Veterans Preference eligible for veterans preference fied veterans may also be of rence, proof such as a DD al documentation may be rec ddressed to individual state you served on active duty in uTra) and Reserve Military A Branch of service Date of entry Date of discharge	ble for veterans pre- ce Act states spec- ence. Under certain eligible for veterar -214, current lette quired. Specific qu agency personnel in the United State Annual Training (A	dless of race.) Yes No ference consideration, complete this section ific requirements which must be met in orde conditions spouses, widows, or widowers o s preference. For consideration of veterans r from the Veterans Administration, or othe estions regarding veterans preference should offices. s military, excluding Active Duty for Training T)? Yes No
■ Milit If y The <i>i</i> to be qualit prefe officia be ac Have (AcD	merican or other Spanish C ary History rou believe you may be eligib Arkansas Veterans Preference eligible for veterans prefere fied veterans may also be of rence, proof such as a DD al documentation may be rec ddressed to individual state ddressed to individual state you served on active duty i uTra) and Reserve Military / Branch of service Date of entry Type of discharge	ble for veterans pre- ce Act states spec- ence. Under certain eligible for veterar -214, current lette quired. Specific qu agency personnel in the United State Annual Training (A	dless of race.) Yes No ference consideration, complete this section ific requirements which must be met in orde conditions spouses, widows, or widowers o s preference. For consideration of veterans r from the Veterans Administration, or othe estions regarding veterans preference should offices. s military, excluding Active Duty for Training T)? Yes No
■ Milit If y The <i>i</i> to be qualit prefe officia be ac Have (AcD	merican or other Spanish C ary History rou believe you may be eligib Arkansas Veterans Preference eligible for veterans prefere fied veterans may also be of rence, proof such as a DD al documentation may be rec ddressed to individual state you served on active duty in uTra) and Reserve Military / Branch of service Date of entry Date of discharge Type of discharge did you learn of this jo	ble for veterans proceed of the states spectrum of the states spectrum of the states spectrum of the states spectrum of the state spectrum of the spectrum of the state spectrum of the sp	dless of race.) Yes No ference consideration, complete this section ific requirements which must be met in orde conditions spouses, widows, or widowers o s preference. For consideration of veterans r from the Veterans Administration, or othe estions regarding veterans preference should offices. s military, excluding Active Duty for Training T)? Yes No

I AOT MANAP	· · · · · · · · ·		RST NA	ME				N/A. Pleas	MIDDLE		<u>, </u>
LAST NAME							1				
COMPLETE MAILING A	DDRESS	C	ITY				STATE			COUNTY	
HOME PHONE NUMBER	R	WORK PH	ONE NU	MBER				MESSAGE OR C	THER PH	ONE NUMBER	
Position(s)	or which you are a	applving	(aive	title(s	and	position numbe	er(s).i	f known):			
											· · · · · ·
	<u> </u>								w.		
4				· · · · · · · · · · · · · · · · · · ·						· · · ·	
EMPLOY		S SEC [.]	ΓΙΟΝ	I							
Will you accept	t employment any	where in	the S	State?				Yes		No No	
If no, where wo	ould you accept en	npioyme	nt?								
	t any type of emplo					Ves		No			
	ich type(s) of emp	-		will ac	cept.	📋 Full En	nployn	nent 📋 P	art Tirr	ne 📋 Temp	orary
	filed an application					· · · · · · · · · · · · · · · · · · ·		Yes		 [7] No	······
•	s your name at the						·			·	
	been employed by		as St	ate G	overn	ment?		Yes		No	
							ina. G	ive type of	licens	e. license ni	umber.
List professional license(s) relevant to position(s) for which you are applying. Give type of license, license number, date of expiration, and state.											
date of expirati	on, and state.										
date of expirati	on, and state.						<u>-</u>				
	·						 				
May we contac	t your current emp	oloyer? .		 				Yes		No	
May we contac May we contac	t your current emp t your former emp	loyer? . loyer(s)?		 						□ No □ No	
May we contac May we contac EDUCAT	t your current emp t your former emp	loyer? . loyer(s)?		 				Yes			
May we contac May we contac EDUCAT HIGH	t your current emp t your former emp IONAL HISTOI Received:	oloyer? . loyer(s)? RY	· · · ·		•••	· · · · · · · · · · ·		Yes Yes		☐ No	ghest Grad
May we contac May we contac EDUCAT HIGH SCHOOL	t your current emp t your former emp IONAL HISTOI Received:	oloyer? . loyer(s)? RY] G.E.] Ce	· · · ·		ed:	Yes Yes		If None, Hi	ghest Grad
May we contac May we contac EDUCAT HIGH SCHOOL	t your current emp t your former emp IONAL HISTOI Received:	oloyer? . loyer(s)? RY] G.E.] Ce	· · · ·		ed:	Yes Yes	s atter	If None, Hi	ghest Gra
May we contact May we contact EDUCAT HIGH SCHOOL	t your current emp t your former emp IONAL HISTOI Received: Diploma	oloyer? . loyer(s)? RY] G.E.	 D] Ce	 ertifica unive	te: Type Award	ed:	Yes Yes al, or other Hou	rs	If None, Hi Completed	ghest Grad
May we contact May we contact EDUCAT HIGH SCHOOL	t your current emp t your former emp IONAL HISTOI Received:	oloyer? . loyer(s)? RY] G.E. schools	 D	· · · · · · · ·	 ertifica unive		ed:	Yes Yes al, or other	rs eted	If None, Hi Completed	ghest Grad
May we contact May we contact EDUCAT HIGH SCHOOL	t your current emp t your former emp IONAL HISTOI Received: Diploma	oloyer? . loyer(s)? RY G.E. schools	D] Ce eges,	ortifica	te: Type Award	ed:	Yes Yes al, or other Hou Compl	rs eted	If None, Hi Completed nded: Degree/ Diploma	ghest Grad
May we contact May we contact EDUCAT HIGH SCHOOL	t your current emp t your former emp IONAL HISTOI Received: Diploma	oloyer? . loyer(s)? RY G.E. schools	D] Ce eges,	ortifica	te: Type Award	ed:	Yes Yes al, or other Hou Compl	rs eted	If None, Hi Completed nded: Degree/ Diploma	ghest Grad
May we contact May we contact EDUCAT HIGH SCHOOL	t your current emp t your former emp IONAL HISTOI Received: Diploma	oloyer? . loyer(s)? RY G.E. schools	D] Ce eges,	ortifica	te: Type Award	ed:	Yes Yes al, or other Hou Compl	rs eted	If None, Hi Completed nded: Degree/ Diploma	ghest Gra

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

Name:

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	int employer		Business phone number		Employment dates		
	Complete mailing address	City	1	State	Zip Code	From		
	Type of business					To <u>Honth</u> Year		
	Supervisor's name	Average hours worked						
	Name under which employed	1			Your job title			
	Your job duties (be specific)					Salary		
		\$\$						
	Reason for leaving							
2.	Employer			Business	phone number	Employment dates		
	Complete mailing address	City		State	Zip Code	From		
	Type of business					To		
	Supervisor's name					Average hours worked		
	Name under which employed		Your job title			per week		
	Your job duties (be specific)					Salary		
						\$\$		
					· · · · · · · · · · · · · · · · · · ·			
	Reason for leaving		<u> </u>					
3.	Employer			Business phone number		Employment dates		
	Complete mailing address	City		State	Zip Code	From		
	Type of business					To		
	Supervisor's name					Average hours worked		
	Name under which employed		Your job	title		per week		
	Your job duties (be specific)	uties (be specific)						
	Reason for leaving							

4.	Employer				s phone number	Employment dates				
	Complete mailing address	City		State	Zip Code	From				
	Type of business	To								
	Supervisor's name	Average hours worked								
	Name under which employed		Your joi	b title		per week				
	Your job duties (be specific)	Salary								
					· · · · · · · · · · · · · · · · · · ·	\$\$				
						Lowest righted				
						<u>,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				
	<u></u>					<u>, , , , , , , , , , , , , , , , , , , </u>				
	Reason for leaving				<u>,</u>	· · · · · · · · · · · · · · · · · · ·				
5.	Employer		1	Busines	s phone number	Employment dates				
	Complete mailing address	City		State	Zip Code	From				
	Type of business				· · · ·	To <u>Month</u> Year				
	Supervisor's name				· · · · ·	Average hours worked				
	Name under which employed		Your jol	b title		per week				
	Your job duties (be specific)		·			Salary				
						\$\$Highest				
	· · · · · · · · · · · · · · · · · · ·									
				· · · · · · · · · · · · · · · · · · ·						
	· · · · ·	,,				· · · · · · · · · · · · · · · · · · ·				
						· · · ·				
					· · ·					
	Reason for leaving	• . •				•				
6.	Employer			Business phone number		Employment dates				
	Complete mailing address	City		State	Żip Code	From				
	Type of business	·····		······································		To				
	Supervisor's name Average hours worked									
	Name under which employed	Your jol	b title		per week					
	Your job duties (be specific)	· · · · ·			Salary					
		\$\$								
		Lonon								
			·····							
	<u></u>			<u> </u>	· · · · · · · · · · · · · · · · · · ·					
	Reason for leaving									

SPECIAL SKILLS

Typing Speed (corrected words per minute):	
Stenographic Speed (words per minute):	· ·
Can you transcribe machine dictation?	
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	fa Yerr energia and an	

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.