

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**^A?
- 2. Yes No Are you a **former**^B **state employee**^A?
- 3. Yes No Are you a current **Constitutional Officer**^C?
- 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**^C?
- 4a. Yes No If "Yes", give spouse's name _____
position/office _____
- 4b. Yes No If "Yes", is your expected salary above \$37,649?
- 5. Yes No Are you the spouse of a **former**^B **Constitutional Officer**^C?
- 5a. Yes No If "Yes", give spouse's name _____
position/office _____
- 6. Yes No Are you or your spouse a **former**^B **General Assembly member**^D?
- 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**^E of the **Public Official**^F in charge of the **agency**^G in which you are applying?
- 7a. Yes No If "Yes", give **relative's**^E name _____
position/office _____
relationship _____
- 8. Yes No Are you a **relative**^E of a **state employee**^A, state board or commission member or are you a **relative**^E (**other than the spouse**) of a **Constitutional Officer**^C or an Arkansas **General Assembly member**^D?
- 8a. Yes No If "Yes", give **relative's**^E name _____
position/office _____
relationship _____
- 9. Yes No If you checked "Yes" in #8 above, does this **relative**^E work within the **state agency**^G 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**^E or will the position be a supervisory employee of the **relative**^E.

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)

Signature of Applicant

Date

Social Security Number

Employee Disclosure Requirements/Restrictions Notice

Employee Disclosure Requirements Notice

Employees must report any benefit obtained from a state contract by a business in which the employee has a financial interest. Ark. Code Ann. § 19-11-706. The employee must report this benefit to the Director of the Department of Finance and Administration.

A state employee has a "financial interest" in a business if he/she:

- has received within the past year, or is presently or in the future entitled to receive, more than one thousand dollars (\$1000) per year, as a result of ownership of any part of the business or any involvement in the business; or
- owns more than a five percent (5%) interest in the business; or
- holds a position in the business such as an officer, director, trustee, partner, employee, or the like, or holds any position of management.

Any employee who knows or should have known of such benefit and fails to report the benefit to the director is in breach of the ethical standards of Ark. Code Ann. § 19-11-706.

Employee Disclosure Restriction Notice

State employees are restricted from employment under certain conditions, both during the time they are employed by the state and after they leave state employment. Ark. Code Ann. § 19-11-709. These restrictions include:

- employment of a current state employee involved in procurement by any party contracting with the state;
- former employees from representing anyone other than the state under certain conditions in matters which the employee participated personally and substantially or which were within the former employee's official responsibility;
- partners of a current or former state employee from representing anyone other than the state under certain conditions;
- selling to the state after termination of employment under certain conditions.

Any current or former state employee who violates any of these employment restrictions is in breach of the ethical standards of Ark. Code Ann. § 19-11-709.

Penalties for Non-Compliance with Ark. Code Ann. § 19-11-706 or § 19-11-709

In addition to civil and administrative remedies, Ark. Code Ann. § 19-11-712 allows the Director of the Department of Finance and Administration to impose against any employee who fails to comply with Ark. Code Ann. § 19-11-706 or § 19-11-709, after notice and an opportunity for a hearing, any one or more of the following:

- oral or written warnings or reprimands;
- forfeiture of pay without suspension;
- suspension with or without pay for specified periods of time; and
- termination of employment.

Pursuant to Arkansas Code Annotated § 19-11-702, any employee who shall knowingly violate either of these restrictions shall be guilty of a felony and upon conviction shall be fined in any sum not to exceed ten thousand dollars (\$10,000) or shall be imprisoned not less than one (1) nor more than five (5) years, or shall be punished by both.

I certify that I have read this Notice and the Ark. Code Ann. §§ 19-11-706, 19-11-702, 19-11-709 and 19-11-712 on the reverse side. The Rule promulgated to enforce Executive Order 98-04 contain additional information regarding this reporting requirement at Section 13 & 14, posted by the agency in a conspicuous place. I understand that it is my responsibility to comply with the requirement to report as explained in Ark. Code Ann §§ 19-11-706 & 19-11-709, this Notice and the rule.

Agency Name

Hiring Official

Name of Employee (Please Print)

Social Security Number

Signature of Employee

Date

See back for Arkansas Code Annotated §§ 19-11-702, 19-11-706, 19-11-709 and 19-11-712