

DEPARTMENT OF FINANCE AND ADMINISTRATION Human Resources Employee Disclosure

Name:		
Office: Hiring Official:		Bus. Area:
Section I—Emp	oloym	ent Eligibility
🗆 Yes 🗆 No	o 1.	Are you a current or former state employee? If so, which one?
□ Yes □ No □ Yes □ No		Are you a current constitutional officer or legislator? Are you a former constitutional officer or legislator? If yes, please enter below the date you left office:
🗆 Yes 🗆 No	o 4.	Are you the spouse of a current constitutional officer or legislator? If yes, please enter below the name and office of your spouse:
🗆 Yes 🗆 No	o 5.	Are you the spouse of a former constitutional officer or legislator? If yes, please enter below the date your spouse left office:
🗆 Yes 🔲 No	o 6.	Are you a relative of a constitutional officer, legislator, or state employee working at the agency to which you've applied? If yes, please enter below the name, agency, and job title of the person to whom you are related:
Name:		
Relationsh	ip:	
Agency/Of	fice:	
Job Title:		

Section II—Financial Conflicts of Interest

State law restricts employment under certain conditions relating to financial conflicts of interest, both during the time of, and after leaving, state employment. Employees must report any benefit obtained from a state contract by a business in which the employee has a financial interest. A state employee has a financial interest in a business if he or she:

- Has received, within the past year, or is presently or in the future entitled to receive, more than \$1,000 per year, as a result of ownership of any part of the business or any involvement in the business;
- Owns more than a 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.

A state employee is not considered to have a financial interest if the employee's interest in the business has been placed in a disclosed blind trust. Disclosure of financial interests is an ongoing responsibility—disclosure is required within 30 days after an employee has actual or constructive notice of a benefit received or to be received. Any employee who knows or should have known of such a benefit and fails to report it is in breach of state law.

Breaches of state ethics statutes and regulations potentially carry administrative, civil, and criminal remedies. Pursuant to Ark. Code Ann. §§19-11-706 & 712, the State of Arkansas can:

- Issue oral or written employee discipline
- Require forfeiture of pay without suspension
- Suspend employees with or without pay
- Terminate employment
- Recover the value of anything received in breach of ethical standards
- Seek a felony conviction carrying a penalty of up to \$10,000, imprisonment for 1 to 5 years, or both

This form is not an exclusive or exhaustive listing of state employee ethical obligations. Additional obligations regarding financial ethics are included in Ark. Code Ann. §19-11-701 *et seq.,* other sections of the Arkansas Code, and applicable agency policy. The undersigned certifies under penalty of perjury:

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□ 1. I have no financial interests that require disclosure.

2. I have the following financial interest that requires disclosure:

Name of Person or Business Involved with State Contract:	
Name of Agency Contracting with Person or Business:	
Dollar Amount of Contract:	
Nature or Extent of Benefit Received or to be Received:	

Date

Human Resource Manager Signature

Date

Section III—Selective Service Status

To be eligible for employment with the State of Arkansas, Ark. Code Ann. §21-3-102 requires you to register, or be exempt from registration, with the Selective Service System.

The undersigned swears or affirms under penalty of perjury that he or she has registered with the Selective Service System, or is exempt from such registration due to the following:

- □ 1. I am female
- □ 2. I am a current member of the armed forces on active duty, other than in a reserve of guard unit
- \Box 3. I am under 18 years of age
- \Box 4. I am 26 years of age or older
- \Box 5. I am an exempted resident alien
- □ 6. Other:_____

Applicant Signature

Date