DISCLOSURE REQUIREMENTS

Governor's Executive Order 98-04, Governor's Policy Directive #8, and ACA §21-8-304 require that the following information be disclosed to be considered for employment with the State of Arkansas.

1. Are **you** one of the following:
   - ☐current member of the AR General Assembly?
   - ☐current constitutional officer**?
   - ☐current state employee?
   - ☐former* member of the AR General Assembly?
   - ☐former* constitutional officer?
   - ☐former* state employee?

2. Are any of your relatives one of the following: (Relative is defined as husband, wife, mother, father, stepmother, stepfather, mother-in-law, father-in-law, brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, sister-in-law, daughter, son, stepdaughter, stepson, daughter-in-law, son-in-law, uncle, aunt, first cousin, nephew, or niece)
   - ☐current member of the AR General Assembly?
   - ☐current constitutional officer**?
   - ☐current state employee?
   - ☐former* member of the AR General Assembly?
   - ☐former* constitutional officer?
   - ☐former* state employee?

2a. If "Yes", give relative's name & office _____

2b. If "Yes", is your expected salary above the pay grade 13, level IV? ☐ Yes ☐ No

2c. 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? ☐ Yes ☐ No

*former is defined as within the last 24 months.

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

3. ☐None of the above applies.

4. Certain family or business relationships may prohibit an agency from hiring you. If any block is checked in #1 or #2 above, you will be required to disclose additional information if you are selected for interview to determine whether your employment would be prohibited or would require approval. I understand, should I become an employee of the State of Arkansas, that I may be reprimanded or terminated for failing to disclose the required information or disclosing incorrect information.

I understand that, should I become an employee of the State of Arkansas, I will be required to disclose any benefit obtained from a state contract by a business in which I have a financial interest, pursuant to ACA §19-11-706, and will be subject to civil, criminal, and/or administrative remedies if I fail to report such benefits. I understand that, should I become an employee of the State of Arkansas, I will be restricted both during and after state employment from certain activities concerning procurement and selling to the state, pursuant to ACA §19-11-709, and will be subject to civil, criminal, and/or administrative remedies if I violate any of these restrictions. I also understand that as an employee of the State of Arkansas I am restricted from supervising or being supervised by a relative. If I am hired and it can be proven that I falsely disclosed information in gaining employment that I could be subject to criminal or civil penalties under ACA § 25-16-1004 or § 25-16-1005

Print Name: _____

INSTRUCTIONS FOR HIRING OFFICIAL:

A. The applicant cannot be hired if they answered yes to 2C, or they are a current Constitutional Officer or a relative of the Public Official in charge of the agency.
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 2B. 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 2. Submit the form approved by the 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 or 2. (See instructions above if YES to 2B or other questions.). Submit the completed and signed form along with the hire packet.

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

Agency/Institution: NorthWest Arkansas Community College 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

☐ Approved ☐ Disapproved

_____ _____ _____

Agency/Institution Human Resource Manager Agency Number Date