

STATE OF ARKANSAS
Department of Finance and Administration

ADDENDUM TO ARKANSAS EMPLOYMENT APPLICATION

EMPLOYEE DISCLOSURE AND CERTIFICATION FORM

In Compliance with Governor's Executive Order 98-04,
Governor's Policy Directive No. 8, and
Arkansas Code Annotated § 21-8-304

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 § 21-8-304. I understand that, while employed as a state employee, I cannot enter into any Professional Services Contract or Consultant Services Contract with any state agency. I therefore certify that:

1. I have listed below if I am a current or former: (a) member of the Arkansas General Assembly, (b) constitutional officer, and/or (c) state employee.
2. I have listed below if any of the following is a current or former (1) member of the Arkansas General Assembly, (2) constitutional officer, and/or (3) state employee:
 - (a) my spouse,
 - (b) the brother, sister, parent and/or child of me or my spouse.
3. If neither Item 1 or 2, above, is applicable, I have checked below that "None of the Above Applies."

Position Held	Mark (√)		Name of Position or Job Held [i.e., senator, representative, name of board/commission, data entry clerk, etc.]	For How Long?		Is applicant related to the applicant's supervisor/applicant's hiring official? If yes, what is the relationship?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, child, etc.]	
	Current	Former		MM/DD/YY	MM/DD/YY	YES	NO	Person's Name(s)	Relation
General Assembly									
Constitutional Officer									
State Employee									

None of the above applies

Name (*Please Print*) _____

Social Security Number _____

Signature _____

Date _____

FOR AGENCY USE ONLY			
Agency Number _____	Agency Name _____	Agency Contact Person _____	Contact Phone No. _____