



2500 South Main
P.O. Box 140
Hope, Arkansas 71802
Phone (870) 777-5722
Fax (870) 722-8297
www.uacch.edu

Employment Application

Notice About Social Security Numbers

Disclosure of your social security number (SSN) is requested on the University of Arkansas Community College at Hope (UACCH) employment application to identify you within the college applicant tracking system. Disclosure of your SSN at the time of making an application for employment is strictly voluntary, but it becomes mandatory at the time of accepting employment. The SSN is used by UACCH for payroll and benefits purposes and is required by federal and state law in reporting of income.

- Applications for employment with UACCH are accepted without regard to sex, race or color, national origin, handicap/disability, age, religion, or political affiliation. Conviction of a crime does not automatically bar any applicant from employment or other opportunities with the college.
- 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 UACCH. If any individual is hired, employment is not for any 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. This page must be returned, even if left blank.

Applicant's Name

Social Security Number

Date of Birth

Male Female

■ Check one of the five (5) listed which you consider yourself to be:

- White (Descendant of the original peoples of Europe, North Africa, or the Middle East).
- Black (Descendant of the black racial groups in Africa).
- American Indian or Alaskan Native (Descendant of any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition).
- Asian or Pacific Islander (Descendant of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands).
- Hispanic (A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture origin, regardless of race).

■ Military History

If you believe you may be eligible for veterans preference consideration, complete this section. The Arkansas Veterans Preference Act states specific requirements which must be met in order to be eligible for veterans preference. Under certain conditions spouses, widows, or widowers of qualified veterans may also be eligible for veterans preference. For consideration of veterans preference, proof such as a DD-214, current letter from the Veterans Administration, or other official documentation may be required.

Have you served on active duty in the United States military, excluding Active Duty for Training (AcDuTra) and Reserve Military Annual Training (AT)? Yes No

Branch of service

Date of entry

Date of discharge

Type of discharge

■ How did you learn of this job opening?

- Newspaper Please specify _____
- Employment Security Department
- UACCH Job Vacancy announcement or Internet Web site
- Educational Institution Name of Institution: _____
- Other Explain: _____

APPLICATION FOR EMPLOYMENT

Please answer all questions which apply to you. If they do not apply, mark them N/A.

Last Name		First Name		MI	
Complete Mailing Address		City	State	Zip Code	County
Home Telephone Number	Work Telephone Number		Message or Alternate Telephone Number		

Position(s) for which you are applying (give title(s) if known):

1.	_____
2.	_____
3.	_____
4.	_____

EMPLOYMENT STATUS SECTION

Will you accept any type of employment? Yes No

If no, check which type(s) of employment you will accept. Full Employment Part Time Temporary

Teaching Availability for adjunct faculty position(s): Days Evenings Weekends On-line

Have you ever filed an application for employment at UACCH? Yes No

If yes, what was your name at that time?

Have you ever been employed by Arkansas State Government? Yes No

List professional license(s) relevant to position(s) for which you are applying. Give type of license, license number, date of expiration, and state.

May we contact your current employer? Yes No

May we contact your former employer(s)? Yes No

EDUCATIONAL HISTORY

Did you graduate from high school? Yes No If not, do you have a G.E.D.? Yes No

List highest grade completed if none of the above applies. _____

Official College Transcripts are required upon application for all positions.

List below post secondary schools, colleges, universities, trade/vocational, or others attended:

Name and Location	Dates Attended		Major/Minor	Degree	Date Graduated
	From	To			

Official College Transcripts should be mailed to the UACCH Office of Human Resources.

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. **Resumes should be submitted in addition to a completed signed employment application but will not be considered as a substitute.**

1.	Current or most recent employer		Business phone		Employment Dates		
	Complete mailing address		City	State	Zip Code		
	Type of Business		Supervisor's Name		From	Month	Year
	Name under which employed		Job Title		To	Month	Year
	Job Duties (be specific)				Average hours worked per week		
					Rate of pay \$ \$ Lowest Highest		
Reason for leaving							
2.	Current or most recent employer		Business phone		Employment Dates		
	Complete mailing address		City	State	Zip Code		
	Type of Business		Supervisor's Name		From	Month	Year
	Name under which employed		Job Title		To	Month	Year
	Job Duties (be specific)				Average hours worked per week		
					Rate of pay \$ \$ Lowest Highest		
Reason for leaving							
3.	Current or most recent employer		Business phone		Employment Dates		
	Complete mailing address		City	State	Zip Code		
	Type of Business		Supervisor's Name		From	Month	Year
	Name under which employed		Job Title		To	Month	Year
	Job Duties (be specific)				Average hours worked per week		
					Rate of pay \$ \$ Lowest Highest		
Reason for leaving							
4.	Current or most recent employer		Business phone		Employment Dates		
	Complete mailing address		City	State	Zip Code		
	Type of Business		Supervisor's Name		From	Month	Year
	Name under which employed		Job Title		To	Month	Year
	Job Duties (be specific)				Average hours worked per week		
					Rate of pay \$ \$ Lowest Highest		
Reason for leaving							

Typing Speed (corrected words per minute):
Can you transcribe machine dictation? <input type="checkbox"/> Yes <input type="checkbox"/> No
List the business machines, computers and software applications you can operate.
List additional skills relative to the position 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 professional reference.

Name	Occupation	Business Address	Telephone Number
1.			
2.			
3.			

NEPOTISM

Do you have any relatives employed by UACCH? 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	Relationship	UACCH Office of Employment
1.		
2.		

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 the information on this application is complete, true and accurate.
- 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 college 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 at UACCH, and this application is submitted solely for that purpose and for no other purposes.

Signature of applicant

Date of signature

This application and any required materials may be e-mailed to kathryn.hopkins@uacch.edu or returned to the following address:

University of Arkansas Community College at Hope
Human Resources
P.O. Box 140
Hope, Arkansas 71802
Telephone (870) 777-5722
Fax (870) 722-8297

STATE OF ARKANSAS
Department of Finance and Administration

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. ▶ If "Yes," give date elected _____
- 4. Yes No Are you the spouse of a current **Constitutional Officer^C**?
- 4a. ▶ 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. ▶ If "Yes," give spouse's name _____
position/office _____
- 6. Yes No Are you or your spouse a **former^B General Assembly member^D**?
- 6a. ▶ 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. ▶ 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. ▶ 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/CERTIFICATION AND EMPLOYMENT OF FAMILY MEMBERS FORM

INSTRUCTIONS FOR HIRING OFFICIAL:

Please check each table below with the disclosure statement and proceed accordingly for the position finalist(s) prior to a job offer.

No Approval Required		√ if applies
Answered "Yes" or Answered "No"		
Question 1 and/or 2	Questions 1-9a	

**Hiring Official must complete information below and forward with hire packet to HR.*

Approval by HR Manager Only		√ if applies
Answered "Yes"	Answered "No"	
Question 4	Question 1 and 4b	
Question 5	Question 1	
Question 6	Question 6b	
Question 8		
Question 9	Question 9a	

**Submit the form to your agency Human Resource Manager for approval with the hire packet.*

Approval by appropriate Legislative Branch and Governor		√ if applies
Answered "Yes"	Answered "No"	
Question 3 and 3a		
Question 4 and 4b	Question 1	
Question 4 and 1	Question 4b	
Question 5		

**Submit the form to the Office of Personnel Management (OPM) for review and submission to the Governor, and if approved, to the Personnel Subcommittee.*

Cannot be Hired		√ if applies
Answered "Yes"	Answered "No"	
Question 3	Question 3a	
Question 6 and 6b		
Question 7		
Question 9 and 9a		

**The applicant cannot be hired if one or more of the items above apply.*

Hiring Official must check that the applicant completed all required information and answered all questions before signing form.

Please initial to confirm: _____

Hiring Official must check that the applicant completed all required information and answered all questions before signing form.

*Ensure the salary for 4b is correct.
*Ensure the information for 6b is correct.

Please initial to confirm: _____

Hiring Official must check that the applicant completed all required information and answered all questions before signing form.

*Ensure the date elected for 3b is after employment date.
*Ensure the salary for 4b is correct.
*Ensure spouse is a former^B Constitutional Officer^C.

Please initial to confirm: _____

Hiring Official must check that the applicant completed all required information and answered all questions before signing form.

*Ensure 3a was answered before signing below.
*Ensure the information for 6b is correct.
*Ensure the information for 9a is correct.

Please initial to confirm: _____

This form must be completed by the Hiring Official (Supervisor) for the position finalist(s) prior to a job offer.

Agency/Institution	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	Date _____ Phone Number _____

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Signature of Agency/Institution Human Resource Manager	Agency Number	Date
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STATE OF ARKANSAS
Department of Finance and Administration

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

F-5/F-6

**EXCERPTS FROM ARKANSAS CODE ANNOTATED §19-11
SUBCHAPTER 7**

19-11-702. Penalties.

Any employee or nonemployee who shall knowingly violate any of the provisions of this subchapter 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.

19-11-706. Employee disclosure requirements.

(a) **Disclosure of Benefit Received from Contract.** Any employee who has or obtains any benefit from any state contract with a business in which the employee has a financial interest shall report such benefit to the Director of the Department of Finance and Administration. However, this section shall not apply to a contract with a business where the employee's interest in the business has been placed in a disclosed blind trust.

(b) **Failure to Disclose Benefit Received.** 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 this section.

19-11-709. Restrictions on employment of present and former employees.

(a) **Contemporaneous Employment Prohibited.** It shall be a breach of ethical standards for any employee who is involved in procurement to become or be, while such an employee, the employee of any party contracting with the state agency by which the employee is employed.

(b) **Restrictions on Former Employees in Matters Connected with Their Former Duties.**

- (1) **Permanent Disqualification of Former Employee Personally Involved in a Particular Matter.** It shall be a breach of ethical standards for any former employee knowingly to act as a principal or as an agent for anyone other than the state in connection with any:
- (A) Judicial or other proceeding, application, request for a ruling, or other determination;
 - (B) Contract;
 - (C) Claim; or
 - (D) Charge or controversy in which the employee participated personally and substantially through decision, approval, disapproval, recommendation, rendering of advice, investigation, or otherwise while an employee, where the state is a party or has a direct and substantial interest.

(2) **One-Year Representation Restriction Regarding Matters for Which a Former Employee Was Officially Responsible.** It shall be a breach of ethical standards for any former employee, within one (1) year after cessation of the former employee's official responsibility in connection with any:

- (A) Judicial or other proceeding, application, request for a ruling, or other determination;
- (B) Contract;
- (C) Claim; or
- (D) Charge or controversy knowingly to act as a principal or as an agent for anyone other than the state in matters

which were within the former employee's official responsibility, where the state is a party or has a direct or substantial interest.

(c) **Disqualification of Partners.**

(1) **When Partner Is a State Employee.** It shall be a breach of ethical standards for a person who is a partner of an employee knowingly to act as a principal or as an agent for anyone other than the state in connection with any:

- (A) Judicial or other proceeding, application, request for a ruling, or other determination;
- (B) Contract;
- (C) Claim; or
- (D) Charge or controversy

in which the employee either participates personally and substantially through decision, approval, disapproval, recommendation, rendering of advice, investigation, or otherwise, or which is the subject of the employee's official responsibility, where the state is a party or has a direct and substantial interest.

(2) **When a Partner Is a Former State Employee.** It shall be a breach of ethical standards for a partner of a former employee knowingly to act as a principal or as an agent for anyone other than the state where such former employee is barred under subsection (b) of this section.

(d) (1) **Selling to State After Termination of Employment Is Prohibited.** It shall be a breach of ethical standards for any former employee, unless the former employee's last annual salary did not exceed ten thousand five hundred dollars (\$10,500), to engage in selling or attempting to sell commodities or services to the state for one (1) year following the date employment ceased.

(2) The term "sell", as used in this subsection, means signing a bid, proposal, or contract; negotiating a contract; contacting any employee for the purpose of obtaining, negotiating, or discussing changes in specifications, price, cost allowances, or other terms of a contract; settling disputes concerning performance of a contract; or any other liaison activity with a view toward the ultimate consummation of a sale although the actual contract therefore is subsequently negotiated by another person.

(e) (1) This section is not intended to preclude a former employee from accepting employment with private industry solely because his employer is a contractor with this state.
(2) This section is not intended to preclude an employee, a former employee, or a partner of an employee or former employee from filing an action as a taxpayer for alleged violations of this subchapter.

19-11-712. Civil and administrative remedies against employees who breach ethical standards.

(a) **Existing Remedies Not Impaired.** Civil and administrative remedies against employees which are in existence on July 1, 1979, shall not be impaired.

(b) **Supplemental Remedies.** In addition to existing remedies for breach of the ethical standards of this subchapter, or regulations promulgated thereunder, the Director of the Department of Finance and Administration may impose any one (1) or more of the following:

- (1) Oral or written warnings or reprimands;

- (2) Forfeiture of pay without suspension;
 - (3) Suspension with or without pay for specified periods of time; &
 - (4) Termination of employment.
- (c) **Right to Recover from Employee Value Received in Breach of Ethical Standards.** The value of anything received by an employee in breach of the ethical standards of this subchapter,

or regulations promulgated thereunder, shall be recoverable by the state as provided in § 19-11-714, which refers to recovery of value transferred or received in breach of ethical standards.

(d) **Due Process.** Notice and an opportunity for a hearing shall be provided prior to imposition of any of the remedies set forth in subsection (b) of this section.

STATE OF ARKANSAS
Department of Finance and Administration

Employee Disclosure Requirements

In Compliance with Governor's Executive Order 98-04
Arkansas Code Annotated § 19-11-706

Pursuant to Arkansas Code Annotated § 19-11-706, employees are required to disclose any benefit received from any state contract. Specifically:

- (a) Any employee who has or obtains any benefit from any state contract with a business in which the employee has a financial interest shall report such benefit to the Director of the Department of Finance and Administration. However, this section shall not apply to a contract with a business where the employee's interest in the business has been placed in a disclosed blind trust.
- (b) 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 this section.

This employee disclosure shall be made within 30 days after the employee has actual or constructive notice of a benefit received or to be received. Such disclosure shall be made by completing this **Employee Disclosure Requirements** form and forwarding this completed form to:

Director
Department of Finance and Administration
P. O. Box 3278
Little Rock, AR 72203-3278

Employee Name:

Agency Name/ Division where employed:

Name of Person/Business involved with State Contract:

Name of Government Body with which the Business has a Contract:

Dollar Amount and Nature of Contract:

Nature and extent of the benefit received or to be received:

Employee's Signature

Date

**THE FOLLOWING IS A PAGE FROM A SAMPLE EMPLOYMENT
APPLICATION THAT CONTAINS THE CHECKLIST FOR EMPLOYEE DISCLOSURE.**

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? former member of the AR General Assembly?
 current constitutional officer? former constitutional officer?
 current state employee? 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? former member of the AR General Assembly?
 current constitutional officer? former constitutional officer?
 current state employee? former state employee?

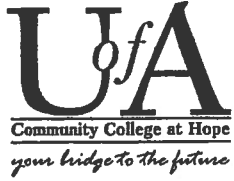
3. None of the above applies.

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.



University of Arkansas Community College at Hope

2500 South Main, P.O. Box 140
Hope, Arkansas 71802-0140
870/777-5722; FAX: 870/777-5957

CONSENT TO PERFORM CRIMINAL BACKGROUND CHECK

Name _____
Last First Middle

Address _____

City, State, Zip _____

Date of Birth _____ Gender _____

Ethnicity _____

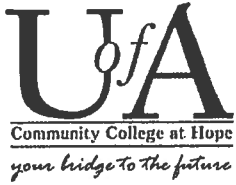
Social Security Number _____

Driver's License Number _____ State _____

I hereby give my permission for a representative of the University of Arkansas Community College at Hope to obtain information relating to my criminal history record through the reporting agencies available. The criminal history record, as received from the agency, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for employment at the University of Arkansas Community College at Hope, and if hired, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by UACCH.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release, and forever discharge and agree to indemnify UACCH and each of their officers, directors, employees, and hold them harmless from and against any and all causes of actions, suits, liabilities, costs, debts, and sums of money, claims and demands whatsoever, and any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become an employee of the University of Arkansas Community College at Hope.

Signature _____ Date _____



PREVIOUS EMPLOYMENT WITH THE UNIVERSITY OF ARKANSAS SYSTEM

PRINT NAME: _____

I have been previously employed at another institution within the University of Arkansas System.

_____ Yes _____ No

If YES please complete the information below: PLEASE PRINT

Start with most recent. If additional space is needed print and attach another form.

Name of Institution: _____

Last date of employment: _____

Reason for leaving: _____

Are you eligible for rehiring with the above institution? _____yes _____no

Name of Institution: _____

Last date of employment: _____

Reason for leaving: _____

Are you eligible for rehiring with the above institution? _____yes _____no

I, the below signed individual, hereby declare that the information on this form is complete, true, and accurate. I understand that false, misleading, or incomplete statements could lead to my rejection as an applicant for, or termination from, the job in which I am applying.

SIGNATURE OF APPLICANT _____

DATE _____