



# Ozarka College

## APPLICATION FOR EMPLOYMENT

PLEASE READ THIS-Applicants for employment with the State of Arkansas, or any subdivision thereof, are accepted without regard to sex, race, color, national origin, physical/mental handicap, age, religion, or political affiliation. Conviction of a crime does not automatically bar any applicant from employment or other opportunities with the State of Arkansas.

PLEASE ANSWER ALL QUESTIONS WHICH APPLY TO YOU. IF THEY DO NOT APPLY MARK THEM N/A.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

List title(s) of position (s) for which you are applying.

Title No. 1 \_\_\_\_\_ Title No. 3 \_\_\_\_\_

Title No. 2 \_\_\_\_\_ Title No. 4 \_\_\_\_\_

Ozarka College will not accept applications or resumes submitted without reference to a specific job title. Ozarka College does not accept unsolicited applications.

## EDUCATIONAL HISTORY

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

	Name	Location	Major/Minor	Degree	Year Graduated
High School					
Technical School					
College					
University					
Graduate School					

**Undergraduate:** Major areas of emphasis \_\_\_\_\_  
Other fields of study \_\_\_\_\_

**Graduate:** Major areas of emphasis \_\_\_\_\_  
Other fields of study \_\_\_\_\_

**SUPPLEMENTARY REMARKS**—Applicants may use this space for any additional information or supplementary remarks pertaining to his/her experience, qualifications, achievements and/or career goals. Additional pages may be attached.

---

---

---

**NEPOTISM**

Do you have any relatives who are employed by Ozarka College?  Yes  No  
If yes, then list them below.

Name	Relation	Ozarka College Area

**Before you sign this application:**

- Check 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, to the best of my knowledge and my ability the information on this application is true and factual.
- I understand that if I am hired, that my employment is for no definite period of time (unless a contract is issued), 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 Statute 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 to any employment.
- I also 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 agency 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 authorize Ozarka College to investigate all statements made on this application, supporting documents or during interview and authorize such educational institutions, employers and others (and their agents and employees) to respond to questions concerning information on my education and work history.
- I further release all liability and responsibility of all persons requesting and supplying the information, including waiving their rights to being notified of such disclosure.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date of signature

**This application and any required materials should be returned to the following address:**

Office of Human Resources  
Ozarka College  
PO Box 10  
Melbourne, AR 72556  
870.368.7371 Ext. 2002

**PROFESSIONAL REFERENCES** Do not include current or former supervisors

(1)	_____	_____	_____
	Name	Position	Phone Number
	_____	_____	_____
	Organization	Address	
(2)	_____	_____	_____
	Name	Position	Phone Number
(3)	_____	_____	_____
	Organization	Address	

Professional memberships \_\_\_\_\_

Professional Honors or awards \_\_\_\_\_

**EMPLOYMENT STATUS**

Will you accept any type of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, check which type(s) of employment you will accept.	<input type="checkbox"/> Full Employment	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary
Will you accept any time of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, check which time(s) of employment you will accept.	<input type="checkbox"/> Daytime Weekdays	<input type="checkbox"/> Evening Weekdays	<input type="checkbox"/> Daytime Saturdays
Have you ever filed an application for employment with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, what was your name at that time?	_____		
Have you ever been employed by Arkansas State Government?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
May we contact your former employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have the legal right to work in the United States? (Proof will be required.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**SPECIAL SKILLS**

Typing Speed (corrected word 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 any other skills relative to the job(s) for which you are applying:		

**WORK HISTORY** List all prior work experience, including military service, beginning with your most recent employment. 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 section, make sure all the requested information is included.

1. Current or most recent employer				Business Phone Number		Employment dates: From _____	
Complete mailing address		City	State	Zip Code		To _____ Month Year	
Type of business						To _____ Month Year	
Supervisor's Name						Average hours worked per week	
Name under which employed			Your job title			_____	
Your job duties (be specific)						Salary	
						\$ _____ \$ _____	
Reason for leaving						Lowest Highest	
<b>2. Current or most recent employer</b>							
2. Current or most recent employer				Business Phone Number		Employment dates: From _____	
Complete mailing address		City	State	Zip Code		To _____ Month Year	
Type of business						To _____ Month Year	
Supervisor's Name						Average hours worked per week	
Name under which employed			Your job title			_____	
Your job duties (be specific)						Salary	
						\$ _____ \$ _____	
Reason for leaving						Lowest Highest	
<b>3. Current or most recent employer</b>							
3. Current or most recent employer				Business Phone Number		Employment dates: From _____	
Complete mailing address		City	State	Zip Code		To _____ Month Year	
Type of business						To _____ Month Year	
Supervisor's Name						Average hours worked per week	
Name under which employed			Your job title			_____	
Your job duties (be specific)						Salary	
						\$ _____ \$ _____	
Reason for leaving						Lowest Highest	
<b>4. Current or most recent employer</b>							
4. Current or most recent employer				Business Phone Number		Employment dates: From _____	
Complete mailing address		City	State	Zip Code		To _____ Month Year	
Type of business						To _____ Month Year	
Supervisor's Name						Average hours Worked per week	
Name under which employed			Your job title			_____	
Your job duties (be specific)						Salary	
						\$ _____ \$ _____	
Reason for leaving						Lowest Highest	

**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.

Applicant's Name _____	
Social Security Number _____	
Date of Birth _____	<input type="checkbox"/> Male <input type="checkbox"/> Female

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

- White, not Hispanic (A person having origin in any of the original peoples of Europe, North Africa, or the Middle East).
- Black, not Hispanic (A person having origin in any of the black racial groups in Africa).
- Hispanic (A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race).
- American Indian or Alaskan Native (A person having origin in any of the original people of North America, and who maintains cultural identification through tribal affiliation or community recognition).
- Asian or Pacific Islander (A person having origin in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands).

**Military History**

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

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
- Employment Security Division
- Personal Announcement
- Educational Institution. Name of Institution: \_\_\_\_\_
- Other      Explain: \_\_\_\_\_

## ARKANSAS' REFERENCE CONSENT FORM

I, \_\_\_\_\_ hereby give consent to any and all prior employers of mine to provide the following information with regard to my employment with prior employers to (prospective employer). This consent is given in accordance with Act 1474 of the General Assembly of the state of Arkansas:

- (a) Date and duration of employment;
- (b) Current pay rate and wage history;
- (c) Job description and duties;
- (d) Last written performance evaluation prepared before the date of the request;
- (e) Attendance information;
- (f) Results of drug or alcohol tests administered within one year before the request;
- (g) Threats of violence, harassing acts, and/or threatening behavior related to the workplace or directed at another employee;
- (h) Whether the employee was voluntarily or involuntarily separated from employment and the reasons for the separation; and
- (I) Whether the employee is eligible for rehire.

---

Signature of Applicant

---

Date

## **Governor's Executive Order 98-04 Requires Notice to Employees**

The Governor's Executive Order requires state agencies to provide written notice to employees of certain requirements and restrictions as a condition of employment with the State of Arkansas. The following information is from the Arkansas Code Annotated §§19-11-702, 19-11-706, 19-11-709, and 19-11-712.

### **§ 19-11-702. Penalties.**

Any employee or non-employee 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 controversyin 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 or 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 controversyknowingly 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
- b. determination;
- c. Contract;
- d. Claim; or
- e. Charge or controversy

in which the employee either participates personally and substantially through decision, approval, disapproval, recommendation, the 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 12, 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:
  - a. Oral or written warnings or reprimands;
  - b. Forfeiture of pay without suspension;
  - c. Suspension with or without pay for specified periods of time; and
  - d. 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
  - a. subchapter , or regulations promulgated thereunder, shall be recoverable by the state as
  - b. provided in § 19-11-714, which refers to recovery of value transferred or received in
  - c. 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

**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. 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
  - a. member of the Arkansas General Assembly
  - b. Constitutional Officer, and/or
  - c. State Employee:
    - 1 My spouse,
    2. 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 (V)		Name of Position of Job Held [i.e., senator, representative, name of board/commission, data entry clerk, etc]	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. Pubic, spouse, John Q. Public child, etc.	
	Current	Former		mm/dd/yy	mm/dd/yy	Yes	No	Person's Name	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. _____
---------------------	-------------------	-----------------------------	-------------------------

**STATE OF ARKANSAS**  
Department of Finance and Administration

ADDENDUM TO ARKANSAS EMPLOYMENT APPLICATION

**EMPLOYEE DISCLOSURE REQUIREMENTS NOTICE**

Governor’s Executive Order 98-04 requires agencies to notify employees that they must report any benefit obtained from a state contract by a business in which the employee has a financial interest. The employee must report this benefit to the Director of the Department of Finance and Administration. The report is required by Arkansas Code Annotated § 19-11-706.

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

- a) Has received within the past year, or is presently or in the future entitled to receive, more than one thousand dollars (\$1,000) per year, as a result of ownership of any part of the business or any involvement in the business; or
- b) Owns more than five percent (5%) interest in the business; or
- c) 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. In addition to existing civil and administrative remedies, Ark. Code Ann. § 19-11-712 allows the Director of the Department of Finance and Administration to impose, after notice and an opportunity for a hearing, any one or more of the following for failure of the employee to report:

- a) Oral or written warnings or reprimands;
- b) Forfeiture of pay without suspension;
- c) Suspension with or without pay for specified periods of time; and
- d) Termination of employment.

Pursuant to Arkansas code Annotated § 19-11-702, any employee who shall knowingly fail to report such benefit to the director 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 received a copy of Ark. Code Ann. § 19-11-706, 19-11-702 and 19-11-712, and this Notice. The regulations promulgated to enforce Governor’s Executive Order 98-04 contain additional information regarding this reporting requirement at Section 13, 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, this Notice and the regulation.

---

Agency Name

---

Name of Employee (Please Print)

Social Security Number

---

Signature of Employee

Date

**STATE OF ARKANSAS**  
Department of Finance and Administration

ADDENDUM TO ARKANSAS EMPLOYMENT APPLICATION

**EMPLOYMENT RESTRICTIONS NOTICE**

Governor's Executive Order 98-04 requires agencies to notify employees that Ark. Code Ann. § 19-11-709 restricts the employment of state employees under certain conditions, both during the time they are employed by the state and after they leave state employment, including:

- 1) Employment of a current state employee involved in procurement by any party contracting with the state;
- 2) 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;
- 3) Partners of a current or former state employee from representing anyone other than the state under certain conditions and
- 4) 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. 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, after notice and an opportunity for a hearing, 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; and
- 4) Termination of employment.

Pursuant to Arkansas code Annotated § 19-11-702 any employee who shall knowingly violate any 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 received a copy of Ark. Code Ann. § 19-11-709, 19-11-702, and 19-11-712, and this Notice. The regulations promulgated to enforce Governor's Executive Order 98-04 contain additional information regarding these employment restrictions at Section 14, which is posted by the agency in a conspicuous place. I understand that it is my responsibility to comply with the employment restrictions in Ark. Code Ann. § 19-11-709, this Notice, and the regulation.

---

Agency Name

---

Name of Employee (Please Print)

Social Security Number

---

Signature of Employee

Date