

Return this application to:
Roger Norman, JD, CPA, CFE
Legislative Auditor
Room 172 State Capitol Building
Little Rock, AR 72201-1099
(501) 683-8600 Fax (501) 683-8605
employment@arklegaudit.gov

State of Arkansas Division of Legislative Audit Application for Employment

Last name	<input type="text"/>	First name	<input type="text"/>	Middle name	<input type="text"/>
Mailing Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip code	<input type="text"/>
Home phone	<input type="text"/>	Wireless phone	<input type="text"/>		
E-mail address	<input type="text"/>	Preferred means to contact you	<input type="text"/>		

Type of position for which you are applying:

1.	<input type="text"/>
2.	<input type="text"/>

Employment Status

From what source did you learn of this position?

Will you accept employment anywhere in the State? Yes No

If no, indicate acceptable location(s).

Have you ever filed an application for employment with this agency? Yes No

What is your minimum salary requirement?

Have you ever been convicted of any law violation other than a minor traffic violation? Yes No

If yes, list offense, showing charge, date, where committed and disposition of case, or attach a separate sheet if additional space is required.

Is there anything in your past that might prevent you from obtaining a surety bond? Yes No

If yes, please explain:

List professional license(s) and membership(s) relevant to the position for which you are applying.

Educational History

High school:

Name and location

Date graduated

--	--

Post secondary schools, colleges, universities:

1.	Name and location	From	Mo.	Yr.	To	Mo.	Yr.	Major and degree awarded	
		<input type="text"/>	<input type="text"/>						
	Date graduated	Hours completed				GPA in major / overall			
	Date graduated	Hours completed				GPA in major / overall			
	Date graduated	Hours completed				GPA in major / overall			
	Date graduated	Hours completed				GPA in major / overall			
	Date graduated	Hours completed				GPA in major / overall			
	Date graduated	Hours completed				GPA in major / overall			

Request your colleges or universities to send your transcripts directly to our office.

CPA Exam

Do you hold a license to practice as a CPA in Arkansas? Yes No If yes, proceed to "Work History".

Have you passed part of the CPA exam? Yes No If yes, what part(s)?

Are you eligible to sit for the CPA exam? Yes No

If no, what are your plans to become eligible to sit for the CPA exam?

Are you eligible to hold an active CPA license in Arkansas? Yes No

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 is related to the position for which you are applying. Attach a separate sheet if additional space is required.

1. Current or most recent employer

Mailing address

City State Zip code Business phone

Supervisor's name Name under which employed

Your job title(s)

Your specific job duties

Employment dates From Mo. Yr. To Mo. Yr.

Average hours worked per week Lowest annual salary Highest annual salary

Reason for leaving

2. Employer

Mailing address

City State Zip code Business phone

Supervisor's name Name under which employed

Your job title

Your specific job duties

Employment dates From Mo. Yr. To Mo. Yr.

Average hours worked per week Lowest annual salary Highest annual salary

Reason for leaving

3. Employer

Mailing address

City State Zip code Business phone

Supervisor's name Name under which employed

Your job title

Your specific job duties

Employment dates From Mo. Yr. To Mo. Yr.

Average hours worked per week Lowest annual salary Highest annual salary

Reason for leaving

4. Employer

Mailing address

City State Zip code Business phone

Supervisor's name Name under which employed

Your job title

Your specific job duties

Employment dates From Mo. Yr. To Mo. Yr.

Average hours worked per week Lowest annual salary Highest annual salary

Reason for leaving

Military Service

Have you served on active duty in the United States military? Yes No

Branch of service	<input style="width: 100%;" type="text"/>
Date of entry	<input style="width: 100%;" type="text"/>
Date of discharge	<input style="width: 100%;" type="text"/>
Type of discharge	<input style="width: 100%;" type="text"/>
Final rank	<input style="width: 100%;" type="text"/>

Special Skills

Software application skills	<input style="width: 80%;" type="text"/>
<input style="width: 100%;" type="text"/>	
Any other relative skills	<input style="width: 80%;" type="text"/>
<input style="width: 100%;" type="text"/>	

References

Please list three (3) individuals not related to you, who have knowledge of your work qualifications and are not previous or current employers.

	Name and Title	City and State	Phone number
1.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
2.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
3.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Independence, Integrity and Objectivity

Please list any relative employed in, appointed or elected to a position in a governmental entity in the state. Attach a separate sheet if additional space is required.

	Name	Relation	Government employer
1.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
2.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
3.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
4.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
5.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Before You Sign This Application

Review the application form to be sure that all entries have been completed properly. Please include your resume with the completed application form. If the job you are applying for requires a college degree, an official transcript sent directly to the Division of Legislative Audit from the college or university will be required as a condition of employment.

I hereby declare that, to the best of my knowledge and belief, the information on this application is correct and complete. I understand that all statements in this application for employment are subject to verification and that knowingly making a false or misleading statement in this application may be cause for rejection of this application or for dismissal after employment.

My signed application for employment with the Division of Legislative Audit grants permission to the Division to check references with the current and former employers and personal references, and hereby releases the Division, the current and former employers and the personal references from any claims related to the references.

I understand that employment with the Division of Legislative Audit requires a criminal background check and compliance with other specific agency hiring policies as a condition of employment, and that failure to meet these requirements may lead to my rejection as an applicant or for dismissal after employment. A conviction of a crime does not automatically bar an applicant from employment.

I understand that the Division of Legislative Audit does not discriminate on the basis of race, color, national origin, sex, religion, age, disability or political affiliation in employment.

I understand that, as a condition of employment, 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.

I understand that it is the policy of the State of Arkansas to maintain a drug-free workplace. Therefore, the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in the State's workplace is prohibited. Furthermore, any employee of the Division who violates the State's drug-free workplace policy will be subject to discipline that may include dismissal from employment.

I understand employment with the Division of Legislative Audit requires an acceptable driver's safety record and that, if my current or future driver's record is unacceptable under the State's Vehicle Safety Program, my application may be rejected and I may be subject to termination after employment.

I understand that my application may be subject to disclosure as a public record under the Arkansas Freedom of Information Act.

I understand that an offer of employment, as well as subsequent continuing employment, by the Division is presumed to be voluntary and indefinite for both employee and the employer.

I understand that if I am hired, I will be required to disclose the nature and extent of any other employment activities and I will be required to comply with the Division's policy regarding other employment.

I understand that if I am hired, I will be required to comply with the standards of independence, the regulations, interpretations and rulings of the American Institute of Certified Public Accountants (AICPA); *Government Auditing Standards* issued by the Comptroller General of the United States; the Arkansas State Board of Public Accountancy; Arkansas Code Annotated; and other regulatory bodies as applicable.

I affirm that it is my genuine intent to seek employment by the Division of Legislative Audit, and this application is submitted solely for that purpose and for no other purposes. (You will be asked to sign and date the application form upon interview.)

Signature of applicant

Date of signature
