

Thank you for your interest in working with us at the Arkansas Lottery Commission!

Important:

In order to be considered an applicant, you must apply for an active position. Applications received outside of a posting period will not be considered or kept on file.

You must apply for each position of interest.

What if I applied for the same position 2 months ago and now there is another posting for the position?

Yes, you still must submit an application.

What if there are two positions currently posted that I want to apply for?

Submit an application indicating the title of each position in the subject line.

Or

Submit one application per email; meaning, send one email with the name of one position in the subject line, send a second email with the name of the other position in the subject line, etc.

Instructions:

- 1.) Save the application to your computer and complete the application as thoroughly and accurately as possible.
- 2.) Once complete, email all documents (including saved application, resume, cover letter, etc.) to alcjobs@arkansas.gov.



Application for Employment

These instructions must be followed exactly. Fill out the application form completely. If questions are not applicable, enter "N/A." **Do not leave questions blank.** Be sure to sign when completed. The Arkansas Lottery Commission (ALC) is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex (including pregnancy), national origin, age (40 or older), disability or genetic information. You may make copies of this application and enter different position titles, but **each copy must be signed. Résumés will not be accepted in lieu of applications**, unless specifically stated in the job vacancy notice. This application becomes public record and is subject to disclosure in compliance with state and federal laws.

Qualified applicants with disabilities, as defined in the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, may request any reasonably needed accommodations to participate in the application process.

It is the policy of the ALC 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. Any individual who is hired as an employee of the ALC and who violates the ALC's Drug-free Workplace policy will be subject to discipline up to and including termination.

An applicant may be eligible for Veterans Preference as a Five Point Veteran if he or she is:

- (a) An honorably discharged veteran and submits a DD-214 Form with his or her application for employment.
- (b) The widow or widower of a veteran and submits proof of his or her spouse's enlistment, induction of entry on active duty; marriage license or certification of marriage, and death certificate or acceptable proof showing date of spouse's death.

An applicant may be eligible for Veterans Preference as a Ten Point Veteran if he or she is:

- (a) A service-connected disabled veteran and submits his or her DD-214, and service-connected disability letter from Veterans Administration dates within the last six (6) months.
- (b) The spouse of a service-connected disabled veteran whose disabilities disqualifies him or her from appointment to the position for which application is being made and submits veterans DD-214, a service-connected disability letter from the Veterans Administration dated within the last six (6) months and marriage license or certificate of marriage.
- (c) A veteran over 55 years of age who is disabled and entitled to pension or compensation under existing laws and submits his or her DD-214, birth certificate, and an affidavit showing proof of disability.
- (d) The spouse of a veteran listed in (c) above whose disability disqualifies him or her from appointment and who submits his or her spouse's DD-214, marriage license or certificate of marriage and birth certificate or other acceptable proof of veteran's age.

Note: Veterans Preference Points will be awarded only after submission of appropriate documentation.

The language used in this document does not create an employment contract between the employee and the ALC. This document does not create any contractual rights or entitlements. The ALC reserves the right to revise the content of this document, in whole or in part. No promises or assurances, whether written or oral, which are contrary to, or inconsistent with, the terms of this paragraph and the Arkansas Scholarship Lottery Act create any contract of employment. Employees of the ALC are "At-Will", which means that employment may be terminated at any time, either by the employee or by the ALC, with or without cause.

ALC is an Equal Opportunity Employer and does not discriminate in any of its hiring and employment practices.

PRINT IN BLACK INK OR TYPE

Personal Information	Name: _____ (Last) (First) (Middle)
	Mailing Address: _____ (Street) (Apt. #)

	(City) (State) (Zip) (County)
	Phone Number: _____
	(home) (cell) (other)
	Email Address: _____
	List any other names previously used: _____
	List exact title of position or type of work (position number if applicable) and location for which you wish to apply:

<i>It is the policy of the ALC that no relative of an ALC employee or official either by blood or marriage may work for the ALC, nor does the ALC employ relatives of currently serving legislators.</i>	
Do you have any relatives working for this agency or currently serving as a state legislator?	
Yes No	
If yes, list names and relationship: _____	
Are you currently authorized to work in the United States? Yes No	

Employment Status	Will you accept employment anywhere in the state of Arkansas? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, where would you accept employment? _____
	Check which type of employment you will accept (check all that apply):
	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> <input type="checkbox"/>

	Have you ever filed an application for employment with this agency? Yes No
If yes, what was your name at the time? _____	
Have you ever been employed by the Arkansas State Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list the agency(ies) here:	

Employment History

List all prior work experience, including military service, beginning with most recent employer. 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.

Employer #1 (Current or Most Recent)

May We Contact **Yes** **No**

Name of Employer		Salary	
		\$ <input type="text"/>	\$ <input type="text"/>
		Lowest	Highest
Company Phone Number	Type of Business	Average Hours Worked/Week	
Company Mailing Address	City	State	Zip
Job Title	Supervisor's Name	Employment Dates	
		From	To
Specific Job Duties ("See Resume" is not an acceptable answer. Please enter job duties. You may attach a resume with your submission.)			
Reason for Leaving:			

Employer #2

May We Contact **Yes** **No**

Name of Employer		Salary	
		\$ <input type="text"/>	\$ <input type="text"/>
		Lowest	Highest
Company Phone Number	Type of Business	Average Hours Worked/Week	
Company Mailing Address	City	State	Zip
Job Title	Supervisor's Name	Employment Dates	
		From	To
Specific Job Duties ("See Resume" is not an acceptable answer. Please enter job duties. You may attach a resume with your submission.)			
Reason for Leaving:			

Employment History (continued)

Employer #3 **May We Contact** **Yes** **No**

Name of Employer		Salary	
		\$ _____ Lowest	\$ _____ Highest
Company Phone Number	Type of Business	Average Hours Worked/Week	
Company Mailing Address	City	State	Zip
Job Title	Supervisor's Name	Employment Dates	
		From	To
Specific Job Duties ("See Resume" is not an acceptable answer. Please enter job duties. You may attach a resume with your submission.)			
Reason for Leaving:			

Employer #4 **May We Contact** **Yes** **No**

Name of Employer		Salary	
		\$ _____ Lowest	\$ _____ Highest
Company Phone Number	Type of Business	Average Hours Worked/Week	
Company Mailing Address	City	State	Zip
Job Title	Supervisor's Name	Employment Dates	
		From	To
Specific Job Duties ("See Resume" is not an acceptable answer. Please enter job duties. You may attach a resume with your submission.)			
Reason for Leaving:			

**If you do not have enough space to list all your work experience,
please ensure to attach a resume.**

Education and Skills Information

Applicants may be required to provide proof of diploma, degree, licenses, certification, or GED.

Do you have a high school diploma or GED? Yes No

Do you have a GED? Yes No

Type of School	Name and Location of School	Dates Attended		Date Graduated or Expected Date	Hours Completed	Diploma or Degree Sought
		From	To			
Undergraduate Colleges or Universities						
Graduate Schools						
Technical or Vocational Schools						

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

License/Certification	Date Issued	Date Expires	Issuing Authority	License Number	State Issued

Special Training / Skills / Qualifications:

List all job related training or skills you possess and machines or office equipment you can use such as calculators, printing or graphics equipment, computer equipment, types of software and hardware (Attach additional page if necessary.)

Do you have a valid driver's license? Yes No

License #: _____ State: _____

Criminal History	<p>ALC conducts a thorough criminal background check on all candidates for employment.</p> <p>Have you <u>ever</u> been convicted of a misdemeanor? Yes No</p> <p>Have you <u>ever</u> been convicted of a felony? Yes No</p> <p>Have you <u>ever</u> been subjected to deferred adjudication? Yes No</p> <p>If "YES," explain in concise detail, giving dates and nature of the offense.</p>
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References	<p>Please list three (3) persons not related to you, who have knowledge of your work qualifications and can serve as a reference for you.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 35%;">Name</th> <th style="width: 25%;">City/State</th> <th style="width: 15%;">Phone</th> <th style="width: 20%;">Relation</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">2.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3.</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Name	City/State	Phone	Relation	1.					2.					3.				
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Before you sign this application

Check over your answers to make sure that all questions have been completed properly.

- 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 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 public disclosures as 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 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 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 affirm that it is my genuine intent to seek, and if offered, employment in Arkansas State Government and this application is submitted solely for that purpose and for no other purpose.

Print Name

Sign Name

Date

**Thank you for completing the application for employment.
You are now ready to email your application.**

- ✓ Please review and make sure the application is thoroughly and accurately completed and all required fields (those outlined in red) are filled in.
- ✓ Remember, you can attach any other relevant documents to the email (i.e. cover letter, resume).
- ✓ Put the title of the job you are applying for in the subject line.
(Remember, applications will only be considered for open positions.)

Okay, click the link below to email your application to alcjobs@arkansas.gov.
(You may also simply attach your saved file to an email message.)