FIRST THINGS FIRST

AZ Early Childhood Development and Health Board

DISCLOSURE STATEMENT

NAME: _____ **DIVISION/REGION:** _____
(Please Print)

The Arizona Revised Statutes and Arizona Department of Administration (ADOA) Personnel Rules place some restrictions with which you must comply regarding outside employment, disclosure of confidential information, business interests, and employment of relatives. To determine that you are in compliance with these provisions, you are required to provide the following information when you are initially hired/appointed to a position with First Things First, the Arizona Early Childhood Development and Health Board (FTF) and at any time there is a change. This document will become part of your official personnel file.

Outside Employment

☐ I am not employed by any other

☐ I have a job with

Name of Employer: _____

Address: _____

City, State Zip: _____

Work Schedule/Average number of hours per week: _____

Please describe duties: _____

_____

_____

Business Interests

Are you involved in any ownership, employment, public or private affiliations, or special arrangements that may have a substantial interest in any contract, sale, purchase, grant, or service involving the FTF Board?

☐ No, I am not.

☐ Yes, I am. Please describe: _____

_____

_____

_____

Are any of your relatives involved in such activity? (Relative is defined as spouse, child, grand-child, parent, grandparent, brother or sister of the whole or half blood and their spouses, and the parent, brother, sister, or child of a spouse, pursuant to Arizona Revised Statute §38-502.)

☐ No

☐ Yes Please describe: _____

_____

_____

_____

Relative(s) at FTF

Do any of your relatives work for FTF Board? (Relative is defined as spouse, child, parent, grandchild, grandparent, sister, brother, great grandchild, great grandparent, aunt, uncle, niece, or nephew who is related to you by marriage [in-law or step] or blood pursuant to ADOA Personnel Rule R2-5-207.)

☐ No

☐ Yes Please list their names, relationship to you and the division/section in which they work.

_____

_____

_____

_____

I understand that if there are any changes to the above information, I am responsible for completing a new disclosure form immediately and submitting it to my supervisor.

_____

Signature **Date**