



ARKANSAS STATE POLICE

ASP 89
(Rev. 06/24/2020)

Recruiting Section Initial Contact Form – Trooper Position

Completed forms must be emailed to recruiting@asp.arkansas.gov or mailed to ASP at the address below, Attn: Recruiting. This form and a completed and signed (by a licensed physician/primary care provider) Physical Fitness Assessment Medical Release Form (ASP 89B) must be received by the Recruiting Office **BEFORE** a physical fitness assessment test will be scheduled.

THIS FORM SHOULD BE TYPED. ILLEGIBLE FORMS WILL BE REJECTED.

Full Name: _____ **Date:** _____
First MI Last

Gender: Male Female **Date of Birth:** _____ **SSN:** _____

Driver's License: _____ **Phone #:** _____
State DL #

Mailing Address: _____
Street/P.O. Box City State Zip Code

Email Address: _____

Select your top three choices of the county of where you desire to be assigned in order:

_____ 1st Choice _____ 2nd Choice _____ 3rd Choice

Note: State Troopers must be willing to relocate based on the needs of the Department. Are you willing to work anywhere in the State of Arkansas if needed? Yes No

Have you ever previously submitted an application with the Arkansas State Police to become a Trooper? Yes No

If yes, please indicate below the dates you applied and the outcome, including any reason(s) you were not selected:

- Must be at least 21 years of age by the graduation date of Troop School. Current Age: _____
- Citizen of the United States: Yes No
- Are you a certified law enforcement officer? Yes No If yes, # of years: _____
Agency: _____ Date Graduated from Basic Police Training: _____
- Please list your current or most recent employer and your job title:
_____ Current/Most Recent Employer _____ Job Title
- Highest level of education: _____ Major/Minor: _____
- Have you ever served in the U.S. military? Yes No Branch: _____
Service Dates: _____ Rank: _____ All discharges Honorable/General? Yes No
Explain any discharges other than honorable: _____
- Are you multilingual? Yes No If yes, specify languages: _____
- Do you have tattoos that are visible in short sleeve shirts? Yes No
If yes, where are the tattoos? _____
Are you willing to have the tattoos removed? Yes No

INFORMATION PROVIDED MAY OR MAY NOT RESULT IN DISQUALIFICATION. HOWEVER, INCONSISTENT, INCOMPLETE, OR FALSE INFORMATION WILL RESULT IN DISQUALIFICATION.

**If you need additional space, you may attach additional sheets.
Be sure to include the question number with your response.**

9. Have you ever smoked, ingested or consumed marijuana? Yes No If yes, please explain in detail.

Be sure to include approximate dates, quantity, your age at the time, etc.

(Ex: Smoked a joint at age 17, senior year of high school, 2015; Ate two marijuana gummies at age 18, fall of 2016)

10. Have you ever used any illegal drugs? Yes No If yes, please explain in detail like in the example above.

11. Have you ever sold marijuana or other illegal drugs? Yes No If yes, when was the last time (years/months), amount sold, and largest profit:

12. Have you ever used steroids/anabolic steroids, without a prescription? Yes No If yes, please explain in detail like the examples listed above.

13. Have you ever sniffed any type of inhalant such as glue, spray paint, etc. for the purpose of getting high?
 Yes No If yes, please explain in detail. Include approximate dates, your age at the time, substance, etc.

14. Has there ever been a true finding against you for maltreatment of a child? Yes No If yes, please explain:

15. Have you ever been detained, questioned, held on suspicion, fingerprinted, or taken into custody for any reason other than minor traffic violations? Yes No If yes, please explain in detail. Include dates, your age, offense, etc.

16. Have you ever been arrested, charged, or convicted of a felony offense, even if it was expunged or sealed?
 Yes No If yes, please explain in detail below. Include approximate dates, charges, agency name, etc.:

17. Have you ever been convicted of a Domestic Violence offense or convicted of any charges that have been reduced from the charge of Domestic Violence? Yes No If yes, please explain in detail below. Include approximate dates, charges, agency name, your age at the time, relationship to the victim, etc.:

The above questions are used to determine if you possess the basic qualifications required for the position. Your application will be screened for additional qualifications and standards during the hiring process. **Failure to answer all questions truthfully (no omissions or falsifications) throughout the hiring process will be grounds for your removal from consideration.**

I _____, do hereby affirm that the foregoing information is true and complete to the best of my knowledge and belief. In addition, I understand that my application submitted electronically through the website is not valid unless I sign the form or enter my name in the signature field below and such action shall constitute an electronic signature.

Signed: _____ Date: _____

Do not forget to turn in the completed Medical Release form (ASP 89B).