



# ARKANSAS STATE POLICE

ASP-89  
(Rev. 08/10/2018)

## Recruiting Section Initial Contact Form – Trooper Position

Completed forms must be emailed to [vala.ledbetter@asp.arkansas.gov](mailto:vala.ledbetter@asp.arkansas.gov) or mailed to ASP at the address below, Attn: Recruiting. Initial Contact Forms submitted to the Recruiting Office without a Physical Fitness Assessment Medical Release Form signed by a licensed physician will not be accepted or considered.

**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 choice of Troop/County of where you want to be assigned: \_\_\_\_\_  
Troop County

**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

1. Must be at least 21 years of age by the start date of Troop School. Age: \_\_\_\_\_

2. Citizen of the United States:  Yes  No

3. Are you a certified law enforcement officer?  Yes  No If yes, # of years: \_\_\_\_\_  
 Agency: \_\_\_\_\_ Date Graduated from Basic Police Training: \_\_\_\_\_

4. Please list your current or most recent employer and your job title:  
 \_\_\_\_\_  
Current/Most Recent Employer Job Title

5. Highest level of education: \_\_\_\_\_  
 Complete the following if applicable:  
 \_\_\_\_\_  
Name of College/University Major/Minor Graduation Date

6. Are you multilingual?  Yes  No If yes, specify languages: \_\_\_\_\_

7. 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

8. Have you ever smoked, ingested or consumed marijuana?  Yes  No When: \_\_\_\_\_
9. Have you ever used illegal drugs?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
10. Have you ever sold marijuana or other illegal drugs?  Yes  No If yes, when was the last time, amount sold, and largest profit:  
\_\_\_\_\_  
\_\_\_\_\_
11. Have you ever used steroids/anabolic steroids without a prescription?  Yes  No If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
12. 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: \_\_\_\_\_  
\_\_\_\_\_
13. Has there ever been a true finding against you for maltreatment of a child?  Yes  No If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
14. 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: \_\_\_\_\_  
\_\_\_\_\_
15. 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:  
\_\_\_\_\_  
\_\_\_\_\_
16. 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:  
\_\_\_\_\_  
\_\_\_\_\_

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. Omissions and falsifications will be considered grounds for rejection of your application.

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. ***Completed Medical Release Form below must be attached.***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



# ARKANSAS STATE POLICE

## Physical Fitness Assessment Medical Release Form

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_

To ensure minimum levels of fitness, Arkansas State Police applicants will be assessed to determine their physical ability levels. All portions of the assessment must be completed for the assessment to be valid. **An instructional video is available on the ASP website at <http://asp.arkansas.gov/recruiting/trooper-recruiting>.** This form is valid for one year.

Physical fitness assessment will consist of the events listed below:

**Timed Events:**

- 320 yard run with a 5’ jump, run up and down a ramp with a 30 degree incline/decline, change directions, hurdle two 18” obstacles
- 6 repetitions each of pulling and pushing the Physical Control Simulator in a 180 degree arc with 80 pounds of resistance
- 10 burpees, 5 to chest and 5 to back, interspersed with 9 vaults over a 3 foot vault-rail

**Not timed – must be completed without stopping:**

- Carry a 100 pound torso bag 50 feet while keeping the bag above knee level with arms bent

**PHYSICIAN’S RECOMMENDATION**

- The applicant is physically fit to participate in the Physical Fitness Assessment.**
- The applicant is not physically fit to participate in the Physical Fitness Assessment.**

Physician’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician’s Name (print): \_\_\_\_\_

Name of Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_