



6. Have you ever smoked, ingested or consumed marijuana?  Yes  No When: \_\_\_\_\_
7. Have you ever used illegal drugs?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
8. Have you ever sold marijuana or other illegal drugs?  Yes  No If yes, when was the last time, amount sold, and largest profit: \_\_\_\_\_  
\_\_\_\_\_
9. Have you ever used or been prescribed steroids to include anabolic steroids?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
10. 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: \_\_\_\_\_  
\_\_\_\_\_
11. Has there ever been a true finding against you for maltreatment of a child?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
12. 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: \_\_\_\_\_  
\_\_\_\_\_
13. 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: \_\_\_\_\_  
\_\_\_\_\_
14. 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 of my knowledge and belief.

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



# ARKANSAS STATE POLICE

## Physical Fitness Assessment Medical Release Form

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

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: \_\_\_\_\_

One State Police Plaza Drive – Little Rock, Arkansas 72209-4822 – [www.asp.arkansas.gov](http://www.asp.arkansas.gov)