

State of Arkansas

**ARKANSAS STATE POLICE
RECRUITING SECTION**

One State Police Plaza Drive Little Rock, Arkansas 72209-4822 www.asp.arkansas.gov

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. (rev. 4/2014)

INITIAL CONTACT FORM/TROOPER POSITION **DATE:** _____

FULL NAME: _____ **DOB:** _____

GENDER: **MALE** **FEMALE** **SSN:** _____

DRIVER'S LICENSE (State & #) _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

DAY PHONE: _____ **CELL PHONE:** _____

ASSIGNMENTS I AM APPLYING FOR: _____

OR

I AM WILLING TO TAKE ANY ASSIGNMENT: **Yes** **No**

1. Must be at least 21 years of age. 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. Highest level of education: _____

5. Do you have tattoos that are visible in short sleeve shirts? **Yes** **No**

Where: _____

Are you willing to have the tattoos removed? **Yes** **No**

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6. Have you ever smoked 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 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 convicted of a felony offense? Yes No If yes, please explain: _____

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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 of 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.



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PHYSICAL FITNESS ASSESSMENT MEDICAL RELEASE FORM

Date: _____ Name: _____

To ensure minimum levels of physical 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. This form is valid for one year.

Physical fitness assessment will consist of the five events listed below:

- 300 Meter Run to measure anaerobic power (maximum 75.3 seconds)
- Vertical Jump as a measure of leg power (minimum 14 inches)
- Maximum Push-ups in 60 sec. to measure upper body muscular endurance (minimum 19)
- Maximum Sit-ups in 60 sec. to measure abdominal muscular endurance (minimum 25)
- 1.5 Mile Run to measure aerobic power (maximum 16:55 min.)

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 _____