ARKANSAS STATE POLICE

RECRUITING SECTION

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

PHYSICAL FITNESS ASSESSMENT & MEDICAL RELEASE INITIAL CONTACT FORMS PACKAGE

Initial Contact Forms will not be accepted for consideration without the Physical Fitness Assessment Medical Release Form (below) signed by a licensed physician. Do not send the Initial Contact Form without the fitness and medical release forms completely filled-out and signed by a physician.

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**
- **Vertical Jump as a measure of leg power**
- **Maximum Push-ups in 60 sec. to measure upper body muscular endurance**
- **Maximum Sit-ups in 60 sec. to measure abdominal muscular endurance**
- **1.5 Mile Run to measure aerobic power**

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** _____

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RECRUITING SECTION – INITIAL CONTACT FORM

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READ **Initial Contact Forms submitted to the Recruiting Offiice without a Physical Fitness Assessment – Medical Release Form signed by a licensed physician will not be accepted or considered.**

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:** _____

1. **Must be at least 21 years of age. Age:** _____
2. **Citizen of the United States:** ☐ **Yes** ☐ **No**
3. **Highest level of education:** _____
4. **Do you have tattoos that are visible in short sleeve shirts?** ☐ **Yes** ☐ **No**
   Where: _____
   Are you willing to have the tattoos removed? ☐ **Yes** ☐ **No**
5. **Have you ever smoked Marijuana?** ☐ **Yes** ☐ **No When:** _____
6. **Have you ever used illegal drugs?** ☐ **Yes** ☐ **No If yes, please explain:** _____

   _____
7. **Have you ever sold marijuana or other illegal drugs?** ☐ **Yes** ☐ **No If yes, when was the last time, amount sold and largest profit.**

   _____

   _____
8. **Have you ever used anabolic steroids?** ☐ **Yes** ☐ **No If yes, please explain:** _____

   _____

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9. 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: _____

_____

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

_____

11. 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: _____

_____

12. Have you ever been convicted of a felony offense? ☐ Yes ☐ No
If yes, please explain: _____

_____

13. 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 falsification of requested information will be considered grounds for rejection of the application.**