

## COMMISSION ON LAW ENFORCEMENT STANDARDS AND TRAINING INITIAL EMPLOYMENT REPORT

1. Check One:   
 Full Time Officer   
 Part Time Officer   
 Auxiliary Officer   
 Specialized Officer   
 Type:

(To be completed and submitted to the Commission within ten (10) days after officer is employed.)

2. Social Security No.	3. Last Name	4. First Name	5. Middle Name	Email
6. Date of Birth	7. Place of Birth – City County State		8. Drivers License Number:	9. Title of Position
10. Type of Agency State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/>	11. Name of Agency		12. Agency Address	
	13. Agency City & ZIP Code		14. County of:	15. Contact Phone Number
	16. Date of Hire			
17. Ethnic Group (Check appropriate box) Black <input type="checkbox"/> American Indian <input type="checkbox"/> Spanish Surnamed <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Other <input type="checkbox"/>				
18. Sex (Check One) Male <input type="checkbox"/> Female <input type="checkbox"/>	19. General Education (Check One) High School <input type="checkbox"/> Less than High School <input type="checkbox"/> GED <input type="checkbox"/>		20. College Hours (Attach original transcript or notarized copy of original transcript)	
21. College Major	22. College Degree (Check degree held and attach notarized copy of degree) Associate <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/>			
23. Name of College from which Degree received or last attended (if no Degree)				
24. Date Degree received or last attended			25. Total years of prior Law Enforcement Experience (List prior Law Enforcement Experience below)	
26. Department Name	27. From (Date)		28. To (Date)	
29. Department Name	30. From (Date)		31. To (Date)	
32. Has the officer attended a Basic Police Training Course? Yes <input type="checkbox"/> If yes: Date Completed: No <input type="checkbox"/> Location of Training:				
33. Highest Law Enforcement Certification held by Officer (Specify Type) Basic <input type="checkbox"/> General <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Senior <input type="checkbox"/> PT I <input type="checkbox"/> PT II <input type="checkbox"/> Aux <input type="checkbox"/> Spec. <input type="checkbox"/>				

34. Has the Officer:

(This section must be completed on all law enforcement officers before employment date.)

Yes No

a. Verified being a citizen of the United States?	<input type="checkbox"/>	<input type="checkbox"/>
b. Verified of being at least twenty-one (21) years of age?	<input type="checkbox"/>	<input type="checkbox"/>
c. Been fingerprinted and prints submitted to the ASP and FBI for Criminal Records check?	<input type="checkbox"/>	<input type="checkbox"/>
d. Been checked and found not to have entered a plea of guilty or been convicted of a felony at anytime. (Pardoned or otherwise)	<input type="checkbox"/>	<input type="checkbox"/>
e. Been investigated as to background?	<input type="checkbox"/>	<input type="checkbox"/>
f. Examined by a physician and psychiatrist or licensed psychologist under Regulation 1002 (2)(g) and (i)?	<input type="checkbox"/>	<input type="checkbox"/>
g. High School graduate or GED?	<input type="checkbox"/>	<input type="checkbox"/>
h. Been interviewed by personnel of this department and found to be suitable for appointment as a law enforcement officer?	<input type="checkbox"/>	<input type="checkbox"/>
i. A valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>

**DEPARTMENT INTERVIEW**

35. Did the Interview Board recommend employment or appointment? (Yes  ) (No  )

Date Conducted \_\_\_\_\_

Board made up of \_\_\_\_\_  
(Department Head)

Others \_\_\_\_\_

36. Will applicant begin basic training prior to being armed? (Yes  ) (No  )

If Yes, date and location of training: \_\_\_\_\_

If No, answer the following:

37. Has the applicant reviewed department policies? (Yes  ) (No  )

38. Has the applicant completed the CLEST Firearms Qualification prior to being armed? (Yes  ) (No  )

**I hereby attest that to the best of my knowledge the information on this form is true and correct.**

Signature of Employee	Rank	Date
Signature of Department Administrator or Designate (NO STAMP)	Rank	Date

**SWORN AND SUBSCRIBED BEFORE ME**

**NOTICE** – False swearing is a Class A misdemeanor.

\_\_\_\_\_  
NOTARY PUBLIC, this \_\_\_\_\_ day

**Agency Heads should be aware of 12-9-602 of the Arkansas Code which, in part states: Before employing or appointing a law enforcement officer, a subsequent employing agency must contact the commission to inquire as to the facts and reasons a law enforcement officer became separated from any previous employing agency.**

Of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission expires \_\_\_\_\_.  
Revised 02-24