



For office use only:	
Work location:	
Position:	
Pay Rate:	Start Date:

Application for Employment

PLEASE PRINT PLAINLY

Date: _____

Laws enacted by the Federal Government and many states prohibit job discrimination based upon race, religion, color, national origin, sex, age, disability or marital status, unless based upon a bonafide occupational requirement or other exception.

Personal Information

Name:		SS#:
Present Address:		How Long:
City:	State:	Zip:
Previous Address:		How Long:
City:	State:	Zip:
Home Phone:	Cell:	Message#:
Email Address:	May we contact you by email?	

Background Information

Have you ever been convicted of a felony?	☐ Yes ☐ No	If yes, please explain below.

Additional Information

Position(s) applied for:	Rate of pay expected:
Would you work: Full Time ☐ Part Time ☐	Days/Hours Desired:
Were you previously employed with us?	If yes When:
List any friends or relatives working for us: _____	
On what date would you be available to start work?	
Person to be notified in case of emergency: Name:	
Address:	Phone:
City:	State: Zip: Relationship:

Please list any other experiences that you feel would benefit you for this job?

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Work History

1	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Numbers			
	Job Title	Hourly Rate/Salary		
	Supervisor	Starting	Final	
	Reason for leaving			
2	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Numbers			
	Job Title	Hourly Rate/Salary		
	Supervisor	Starting	Final	
	Reason for leaving			
3	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Numbers			
	Job Title	Hourly Rate/Salary		
	Supervisor	Starting	Final	
	Reason for leaving			
4	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Numbers			
	Job Title	Hourly Rate/Salary		
	Supervisor	Starting	Final	
	Reason for leaving			
<i>If you need additional space, please continue on a separate sheet of paper.</i>				
A	List professional, trade, business or civic activities and offices held. <i>You may exclude organizations which indicate race, color, religion, gender, national origin, sex, disabilities or other protected status.</i>			



ARKANSAS STATE POLICE

ASP 122
(Rev. 02/19/2019)

Identification Bureau Individual Record Check Request Form

_____	_____	_____	_____
Last Name	First Name	Middle Name	Jr./Sr./III
_____			Daytime Phone #: _____
List ALL other names ever used (married, maiden, shortened, etc.) _____			
Date of Birth: _____	State of Birth: _____	Race: _____	Sex: _____
(Month/Day/Year)			
Social Security #: _____	Driver's License #: _____		State _____
Mailing Address: _____	_____		
	Street/P.O. Box		
_____	_____	_____	
City	State	Zip Code	

APPLICANT RECORD NOTICE

Obtaining Copy: Procedures for obtaining a copy of the FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR) Section 16.30 through 16.33 or the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>.

Change, Correction, or Updating: Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.

I give my consent for the Arkansas State Police to conduct a criminal record search on myself and release any results to the following person or entity:

Signature: _____ Date: _____
(First/MI/Last Name) (Month/Day/Year)

Release to: _____
(First/MI/Last Name) **OR** Full Name of Agency

Mailing Address: _____
_____ Street/P.O. Box
_____ City _____ State _____ Zip Code

WHEN THIS PROPERLY COMPLETED REQUEST FORM IS SUBMITTED {OTHER THAN IN PERSON BY THE SUBJECT OF THE CHECK} THIS REQUEST FORM MUST BE NOTARIZED

STATE OF _____

COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this is the
_____ day of _____, 20 _____.

Notary Public

BELOW FOR OFFICE USE ONLY

☐ 82005 State Record Check

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