



**STATE OF CONNECTICUT
POLICE OFFICER STANDARDS & TRAINING COUNCIL
CERTIFICATION DIVISION**



Entry Requirements for Appointment as a Police Officer

New Hire Lateral Comparative Certification Full Time Part Time

APPOINTEE NAME: _____ SS# (last 4 Only): _____ D.O.B.: _____

DATE OF APPOINTMENT: _____ CERTIFICATION # **IF LATERAL** APPOINTMENT: _____

DEPARTMENT HIRING: _____ RANK AT HIRE: _____

FORMER DEPARTMENT
(Lateral/Comparative ONLY): _____

POSTC STANDARDS	INITIALS	
	<u>ACKNOWLEDGED BY APPOINTING AUTH.</u>	<u>ACKNOWLEDGED BY APPOINTEE</u>
1. Meets Minimum Education Standard	_____	_____
2. Age 21, or older	_____	_____
3. Citizen of the United States	_____	_____
4. Valid M/V Operator License (issued in the U.S.)	_____	_____
5. Has passed a validated written entry examination *	_____	_____
6. Has completed a personal interview panel including at least one POSTC Connecticut certified police officer	_____	_____
7. Examination of fingerprints (SPBI and FBI) Date Returned _____	_____	_____
No record of excludable offense Refer 7-294d (c)(1)(2)	_____	_____
8. Criminal Convictions (as defined by CT) – No "A" or "B" misdemeanor Convictions (Disqualifier) NO felony convictions (Disqualifier) No Domestic Violence Convictions	_____	_____
<i>If Appointee had previous law enforcement job</i>		
9. Not dismissed from any former law enforcement unit(s) for malfeasance or other serious misconduct.	_____	_____
Did not resign or retire from a police officer position while under investigation for malfeasance or serious misconduct.	_____	_____
Name and title of person from former law enforcement unit(s) providing this information to you: _____		

POSTC STANDARDS	ACKNOWLEDGED BY <u>APPOINTING AUTH.</u>	INITIALS ACKNOWLEDGED BY APPOINTEE
10. Background Examination Completed M/V conviction checked for:	_____	_____
Evasion of Responsibility (Not a disqualifier)	_____	_____
Operating "Under the Influence" (Not a disqualifier)	_____	_____
No act of perjury or false statement (Disqualifier)	_____	_____
11. Polygraph Administered by _____ Date _____ and on file <i>(must be within 182 days of appointment)</i>	_____	_____
12. Psychological Administered Date: _____ and on file <i>(must be within 5 years of appointment)</i>	_____	_____
13. Negative Drug Screen – Controlled Substances <i>(All controlled substances not prescribed for the applicant)</i>	_____	_____
14. Physical Fitness (<i>Entry Level only</i>)	_____	_____
Name/Agency of certified examiner:	_____	
15. Sworn-In Date (GN 03-04):	_____	

All the above has been reviewed and approved. Additionally, there is nothing in the applicant's background or disclosed to us that would be a disqualifier pursuant to CGS 7-291c.

I have read and signed this form and attest that the information provided herein is true and accurate to the best of my knowledge. I understand that intentionally making a false written statement that I do not believe to be true with the intent to mislead a public servant in the performance of their official functions on a form bearing this notice is punishable by law. False Statement in the 2nd degree, under Connecticut General Statute § 53a-157b, is a class A Misdemeanor.

** Appointing Authority Signature

Date

Department

** _____
Appointee Signature

Date

*** Officers assigned to patrol duties only**