



## CONNECTICUT MILITARY DEPARTMENT

### APPLICATION FOR MEMBERSHIP IN THE GOVERNOR'S GUARDS

**PURPOSE:** To record enlistment into the Armed Forces of the State of Connecticut and the Governor's Guards.

**AUTHORITY:** Connecticut General Statutes Sections 27-20 and 27-56; General Order 2010-2/CTMD Regulation 600.

**INSTRUCTIONS:** The applicant will complete all sections correctly and accurately to the best of their knowledge. A member of the unit should assist the applicant through the enlistment process to answer any questions the applicant may have. All sections and questions need to be answered or the application will be returned for incompleteness. If **NONE** or **N/A** is the appropriate answer, please indicate as such. The Adjutant of the gaining unit will review the application and will collect all substantiating documentation for the applicant's personnel record.

The original document will be retained at the unit and a copy.

**BACKGROUND INFORMATION:** Questions answered YES will not necessarily disqualify an applicant from membership in the Governor's Guards but may limit the applicant from specific duty positions, titles or rank. Each application will be evaluated on its own merit.

#### **SUPPORTING DOCUMENTATION:**

- Proof of citizenship
- Proof of CT residency
- Verification of Social Security Number
- Documentation of prior military service
- Documentation to any question answered YES in BACKGROUND INFORMATION

#### **SEND COPIES OF APPLICATIONS & SUPPORTING DOCUMENTATION TO:**

Connecticut Military Department  
Military Administrative Officer  
360 Broad Street Room #113  
Hartford, Connecticut, 06105-3706  
(860) 493-2721 (fax)

**CONNECTICUT MILITARY DEPARTMENT  
APPLICATION FOR MEMBERSHIP IN THE GOVERNOR'S GUARDS**



- UNIT:  First Company Governor's Foot Guard – Hartford, CT  
 Second Company Governor's Foot Guard – Branford, CT  
 First Company Governor's Horse Guard – Avon, CT  
 Second Company Governor's Horse Guard – Newtown, CT

APPLICANT INFORMATION						
Last Name		First Name			Middle Initial	
Mailing Address						
City			State		Zip Code	
Primary Phone Number		Secondary Phone Number		E-Mail		
Date of Birth		Place of Birth (City/State)			Social Security Number	
U.S. Citizenship <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, provide Alien Registration Number:				Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed		
Dependent Status: Children aged 18 or younger living with you:				Children aged 19-22 and in college		
Name:		Date of Birth:		Name:		Date of Birth:
EMPLOYMENT & EDUCATION INFORMATION						
<i>Current Employment</i>				<i>Education</i>		
Name of Employer				Highest Level of Education & Name of Academic Institution		
Position/Title		Years at Employer		Type of Degree/Certificate		Field of Study
Other Employment:				Other degrees, certificates or training:		
PRIOR MILITARY SERVICE (list in chronological order if breaks in service or change in branch or component -- provide documentation)						
Branch	Component	Rank	Specialty	Type of Discharge	Start Date	End Date

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**BACKGROUND INFORMATION**

Have you ever been discharged from the Armed Forces of the United States in conditions other than HONORABLE:

- YES
- NO

If YES, please explain type of discharge and why

Have you ever been arrested?

- YES
- NO

If YES, please provide dates, type of offense and disposition

Have you ever been imprisoned?

- YES
- NO

If YES, please provide dates and name of correctional facility

Have you ever been convicted of a felony?

- YES
- NO

If YES, please provide dates, type of offense

Do you have a juvenile record

- YES
- NO

If YES, please provide dates, type of offense and disposition

Are you currently undergoing court action of any kind?

- YES
- NO

If YES, please provide details

**CERTIFICATION**

I certify that I have carefully read this document, any questions I had were explained to my satisfaction. I certify that all information provided on this document is accurate and correct to the best of my knowledge. Providing false information or failing to disclose information will result in the immediate discharge from the Governor's Guards.

\_\_\_\_\_  
Signature of Enlistee

\_\_\_\_\_  
Date

**TO BE COMPLETED BY UNIT:**

Position Assigned:

Date of Enlistment:

Supporting documentation completed:

- Police Record Check – Form 1-4
- Injury Reporting Procedures – Form 1-12
- Gratuitous Service Acknowledgement – Form 1-13
- Qualification to Possess Firearms or Ammunition – Form 1-14
- Fraternalization Policy – Form 1-15
- Acceptable Use Policy – Form 1-17
- Physical Examination – Standard Form 88

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Date