

#### 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 INF  | ORMATIO      | N                  |              |   |   |                     |       |                |          |
|--|--------------|--------------------|--------------|---|---|---------------------|-------|----------------|----------|
| Last Name  |              |                    | Firs         | First Name  |   |                     |       | Middle Initial |          |
|  |              |                    |              |   |   |                     |       |                |          |
|  |              |                    |              |   |   |                     |       |                |          |
| Mailing Address  |              |                    |              |   |   |                     |       |                |          |
|  |              |                    |              |   |   |                     |       |                |          |
| City   |              |                    |              |   | Stat                                      | to                  |       | Zip Code       |          |
| City   |              |                    |              |   | Jiai                                      |                     |       |                |          |
|  |              |                    |              |   |   |                     |       |                |          |
| Primary Phone N  | Number S     | Secondary Pho      | ne Number    | E-M   | ail                                       |                     |       |                |          |
| ,  |              | ,                  |              |   |   |                     |       |                |          |
|  |              |                    |              |   |   |                     |       |                |          |
| Date of Birth  |              |                    | Place of Bir | th (C   | (City/State) Social Security              |                     |       | al Security Nu | mber     |
|  |              |                    |              |   |   |                     |       |                |          |
|  |              |                    |              |   |   |                     |       |                |          |
| U.S. Citizenship   |              |                    |              |   | Marital Status                            |                     |       |                |          |
|  |              |                    |              |   |   |                     |       | 1arried        | Divorced |
| If NO, provide A   | lion Dogistr | otion Number:      |              |   |   |                     |       | ingle          | Widowed  |
| Dependent Statu  |              | allon Number.      |              |   |   |                     |       |                |          |
|  |              | er living with vo  | u.           |   | Ch  | ildren aged 19-22 a | nd in | college        |          |
| Children aged 18 or younger living with you:<br>Name: Date of Birth:   |              |                    |              |   | Name: Date of Birth:                      |                     |       |                |          |
|  |              |                    |              |   |   |                     |       |                |          |
|  |              |                    |              |   |   |                     |       |                |          |
|  |              |                    |              |   |   |                     |       |                |          |
| EMPLOYMENT   | & EDUCAT     | <b>FION INFORM</b> | TION         |   |   |                     |       |                |          |
| Current Employment   |              |                    |              |   | Education                                 |                     |       |                |          |
| Name of Employer   |              |                    |              | Highest Level of Education & Name of Academic Institution |   |                     |       |                |          |
|  |              |                    |              |   |   |                     |       |                |          |
|  |              |                    |              |   |   |                     |       |                |          |
| Position/Title   |              | Years at E         | mployer      |   | Type of Degree/Certificate Field of Study |                     |       |                | ıdy      |
|  |              |                    |              |   |   |                     |       |                |          |
|  |              |                    |              |   |   |                     |       |                |          |
| 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   | Compone      |                    | Special      |   |   | Type of Discharge   |       | itart Date     | End Date |
| Dianon   | Compone      |                    | Opeoid       | . y   |   | Type of Disorial ge |       |                | Ena Bato |
|  |              |                    |              |   |   |                     |       |                |          |
|  |              |                    |              |   |   |                     |       |                |          |
|  |              |                    |              |   |   |                     |       |                |          |
|  |              |                    |              |   |   |                     |       |                |          |
|  |              |                    |              |   |   |                     |       |                |          |

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

| BACKGROUND INFORMATION  |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| Have you ever been discharged from the Armed Forces of the United States in conditions othe                                   | r than HONORABLE:                             |  |  |  |  |  |
| YES   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| If YES, please explain type of discharge and why  |   |  |  |  |  |  |
| Have you ever been arrested?  |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| If YES, please provide dates, type of offense and disposition<br>Have you ever been imprisoned?                               |   |  |  |  |  |  |
| Thave you ever been imprisoned?   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| 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   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| NO  |   |  |  |  |  |  |
| If YES, please provide dates, type of offense and disposition   |   |  |  |  |  |  |
| Are you currently undergoing court action of any kind?  |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| 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

- Fraternization Policy Form 1-15
   Acceptable Use Policy Form 1-17
- Physical Examination Standard Form 88

Signature of Officer



#### POLICE RECORD CHECK

**PURPOSE:** To determine eligibility of a prospective enlistee into the Armed Forces of the State of Connecticut

**AUTHORITY:** Connecticut General Statutes Section 27-2, 27-6a, 27-7, 27-8, 27-56, 27-57, 27-58, 29-11, Connecticut Regulation 601-202

**INSTRUCTIONS:** The applicant will complete all sections correctly and accurately to the best of their knowledge. An officer in the command will sign the form as the person and unit making the request. The individual will sign their consent to release the files. Failure to consent to the release of the files may result in dismissal from Armed Forces of the State of Connecticut.

The unit will forward the completed document to the Department of Public Safety – Bureau of Identification. Once the document is returned to the Connecticut Military Department, a copy will be maintained in the individual's records.

#### 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 POLICE RECORD CHECK



| APPLICANT INFORMATION  |  |                  |    |  |       |          |                |
|--|--|------------------|----|--|-------|----------|----------------|
| Last Name  |  |                  |    | irst Name  |       |          | Middle Initial |
|  |  |                  |    |  |       |          |                |
| Home Address   | (No PO Boxes)  |                  |    |  |       |          |                |
|  |  |                  |    |  |       |          |                |
|  |  |                  |    | -  |       |          |                |
| City   |  |                  |    | State  |       | Zip Code |                |
|  |  |                  |    |  |       |          |                |
| Dates at this  | From:  |                  |    | To:  |       |          |                |
| Residence:   |  |                  |    |  |       |          |                |
| Date of Birth  |  | Diago of Dirth ( |    | v/Stoto)   | Secio |          | ~~~            |
| Date of Birth  |  | Place of Birth ( | υų | City/State) Social Security Nun                          |       |          | ber            |
|  |  |                  |    |  |       |          |                |
| Racial Categor   |  |                  |    |  |       |          |                |
|  | idian/Alaska Native  | U White          |    |  |       |          |                |
| Asian  | ican American  |                  |    | waiian or Pacific Islan<br>or Latino                     | nder  |          |                |
|  | Making this Request:   |                  |    |  |       |          |                |
| Name (Last, Fi   | 0  | Rank             |    | Title  | Si    | gnature  |                |
| Inallie (Last, Fi  | 151, 1011)   | INALIK           |    | T IIIC   | JIC   | gnature  |                |
|  |  |                  |    |  |       |          |                |
| PRIVACY ACT  |  |                  |    |  |       |          |                |
|  | or OFFICIAL USE ONLY an  |                  |    |  |       |          |                |
|  | <ol> <li>Making a knowing and w<br/>y Justice. All information pr</li> </ol> |                  |    |  |       |          |                |
|  |  |                  |    |  |       |          |                |
| performance, may have an adverse impact on you in your career in the Armed Forces of the State of Connecticut and in situations such as consideration for special assignment, security clearances, court martial and administrative proceedings. |  |                  |    |  |       |          |                |
|  |  |                  |    | Signature  |       |          |                |
| THE INFORMATION REQUESTED BELOW:   |  |                  |    |  |       |          |                |
| TO BE COMPLETED BY POLICE OR JUVENILE AGENCY   |  |                  |    |  |       |          |                |
| The person described above who claims to have resided at the address shown above, has applied for enlistment in the Armed Forces of the State of Connecticut. Please furnish from your files the information relative to the section below.      |  |                  |    |  |       |          |                |
|  |  |                  |    |  |       | YES      | NO             |
| Has the applicant a police or juvenile record, to include minor traffic violations?YESNO(If YES, what was the offense or charge, date, disposition and sentence?)YESYES  |  |                  |    |  |       |          |                |
|  |  |                  |    |  |       |          |                |
| Is the applicant now undergoing court action of any kind? (If YES, provide details) YES NO   |  |                  |    |  |       |          |                |
| is the applicant now undergoing court action of any kind? (IFFES, provide details)   |  |                  |    |  |       | NO       |                |
|  |  |                  |    |  |       |          |                |
| This is to certify that the above data as corrected are true and correct according to the record on file in this office. This  |  |                  |    |  |       |          |                |
| information is confidential and cannot be used in any other manner except for official purposes<br>MAIL TO: Return Document To:  |  |                  |    |  |       |          |                |
| Return Document To.  |  |                  |    |  |       |          |                |
| State of Connecticut – Department of Public Safety State of Connecticut – Military Department  |  |                  |    |  |       |          |                |
| Division of State Police – Bureau of Identification  |  |                  |    | Governor William A. O'Neill Armory                       |       |          |                |
| 1111 Country Club Road<br>Middletown, CT 06457-2389  |  |                  |    | 360 Broad Street – Room #113<br>Hartford, CT, 06105-3780 |       |          |                |
| Middletown, CT 06457-2389 Hartford, CT 06105-3780  |  |                  |    |  |       |          |                |
| (860) 685-8480 – phone (860) 524-4968 – phone  |  |                  |    |  |       |          |                |
| (860) 685-8361 – fax   |  |                  |    | (860) 493-2721 – fax                                     |       |          |                |



#### INJURY REPORTING PROCEDURES

1. The Connecticut Military Department (CTMD) requires strict attention to safety in all state military operations. This policy applies to all members of the Armed Forces of the State of Connecticut while performing state military duty. Members of the Armed Forces of the State of Connecticut who incur an injury or illness while performing state military duty must ensure the proper documentation is processed in a timely manner. The responsibility of proper processing of injuries and illnesses is a shared responsibility between the individual, the unit leadership and the CTMD full-time staff. Commanders are primarily responsible for ensuring the proper completion of all paperwork and notifications in a timely manner, but the affected individual must also be diligent in following up in order to ensure that the required information, documentation and reports are submitted and processed.

2. **The CTMD Workers Compensation Procedures** outlines the reporting procedure when an injury or illness occurs. It also outlines the forms that need to be completed in the event that there is a loss of time from work. This procedure is posted in unit locations, is maintained by the unit Adjutant, and is accessible on the CTMD website at <u>www.ct.gov/mil</u>. Violations of this policy should be reported through the chain of command and also to the CTMD Personnel Officer at (860) 548-3248.

- 3. The documents that need to be completed are:
  - o DAS Form 207 (First Report of Injury)
  - DAS Form 207-1 (Incident Review Report)
  - WCC Form 1A (Filing Status Exemption)
  - o DAS Form PER-WC 211 (Concurrent Employment & Third Party Liability)
  - DAS Form WC-715 (Request for Use of Accrued Leave with Workers' Compensation)
  - o DAS Form 208 (Physicians Workers' Status Report)
- 4. Commanders are responsible for recording and facilitating an employee's claim by:
  - Obtaining emergency medical care if needed
  - o Completing the claim packet
  - Phoning the claim into TPA injury intake center at 1-800-828-2717
  - o Forwarding the completed claim packet to the CTMD Personnel Office
  - o Initiating a serious injury report (SIR) and conducting a safety investigation, as required
  - Taking corrective action to mitigate any hazard(s) that caused the injury

5. Each member of the Armed Forces of the State of Connecticut, to include the Governor's Guards, must read and acknowledge understanding of this policy. Leadership and Commandants must ensure that each member's personnel file contains a signed acknowledgement of this policy. Annual briefings are encouraged to be given to all members.

I HAVE READ AND UNDERSTAND THIS POLICY

Signature

Printed Name, Rank & Unit



#### **GRATUITOUS SERVICE ACKNOWLEDGEMENT**

I, the undersigned, an active member of the Armed Forces of the State of Connecticut, understand that I will not receive any pay or allowances for state military duty performed as a member of the Governor's Guards. I also understand that my attendance for state military duty is strictly gratuitous military service. No pay or allowances for such military duty will be provided for service in the Armed Forces of the State of Connecticut unless specifically authorized by the Adjutant General prior to the performance of ordered state military duty.

I further understand that if I am unable to perform gratuitous service, I may decline to perform. For declining to perform gratuitous military service, I am not subject to military discipline but that my lack of attendance may lead to my losing status as a member in good standing and disenrollment as an active member of the Governor's Guards in accordance with the unit bylaws. I also understand that I must keep my unit chain of command informed as to my ability or inability to attend or perform state military duty.

| Printed Name            | Rank |
|-------------------------|------|
| Signature of Individual | Date |
| Signature of Commandant | Date |

Unit of Assignment



#### QUALIFICATION TO POSSESS FIREARMS OR AMMUNITION

I, the undersigned, have been notified that the *Lautenberg Amendment to the Gun Control Act* became law on 30 September 1996. The amendment makes it a felony for any person who has been convicted of a misdemeanor crime of domestic violence to ship, transport, possess, or receive firearms or ammunition. Transfer or sale of firearms to persons with a qualifying conviction under the amendment is also a felony. The Lautenberg Amendment applies to all members of the Armed Forces of the State of Connecticut.

For purposes of this Amendment, the following definitions apply:

*Firearms and ammunition* – includes all military issue and privately-owned weapons. Firearms and ammunition does not include major weapon systems and crew-served weapons, such as tanks, missiles or aircraft. There currently is no exception in the Lautenberg Amendment for military personnel engaged in official duties, included members serving in hostile fire areas.

**Domestic violence** – includes any crime in which the convicted offender was at the time of the offense either a current or former spouse, parent or guardian of the victim; a person who had a child in common with the victim; or a person who was cohabitating or did cohabitate with the victim as a spouse, parent or guardian.

*Crime of violence* – is any offense that included the use or the attempted use of physical force, or threatened use of a deadly weapon.

**Conviction** – includes convictions by either a civilian court or by a special or general court-martial. Summary court martial convictions, non-judicial punishment, and deferred prosecutions in a civilian court are not considered convictions for purposes of the Lautenberg Amendment. For a conviction to qualify under the Lautenberg Amendment, the offender must have been represented by counsel or knowingly and intelligently waived the right to counsel. If the offender was entitled to have the case tried by a jury, the case must have been tried by a jury or the offender must have knowingly and intelligently waived the right to a jury trial. Additionally, the amendment does not apply to a conviction that was expunged or set aside, or if the offender was pardoned for the offense or had his or her civil rights restored.

Members identified as having a qualifying conviction are not eligible for missions requiring possession of firearms or ammunition.

All members with qualifying convictions may not be appointed or elected to leadership, supervisory or property accountability positions that give them access to firearms or ammunition. Additionally, members with qualifying convictions may not attend any training or education in which instruction with individual weapons or ammunition is part



#### QUALIFICATION TO POSSESS FIREARMS OR AMMUNITION

of the curriculum. A member's inability to complete service schools may impact on their future potential for promotion and affect the length of their career.

Members may not receive adverse action against them *solely* on the basis of their inability to possess a firearm, if the act of domestic violence led to their conviction occurred on or before 30 September 1996, the date the Lautenberg Amendment took effect. However, adverse action may be initiated against members with qualifying convictions if the act of domestic violence that led to their conviction occurred after 30 September 1996.

The purpose of this notification is to inform you of the Lautenberg Amendment's effects on members of the Armed Forces of the State of Connecticut who have qualifying convictions under the amendment.

# Members who have a qualifying conviction as defined above MUST NOT SHIP, TRANSPORT, POSSESS, OR RECEIVE FIREARMS OR AMMUNITION.

Members who believe that they may have a qualifying conviction as defined above should immediately notify their command and seek the advice of the Staff Judge Advocate's office.

Printed Name

Rank

Signature of Individual

Signature of Commandant

Date

Date

Unit of Assignment



#### FRATERNIZATION POLICY

The Connecticut Military Department (CTMD) is responsible to ensure good order and discipline within the Governor's Guards, a component of the Armed Forces of the State of Connecticut, and is committed to policies and procedures that promote military efficiency. State military personnel are required to ensure the integrity of the chain of command. To that end, this fraternization policy is issued.

#### **Prohibited Relationships:**

Relationships between state military personnel of different rank are prohibited if they:

- 1. Compromise, or appear to compromise, the integrity of supervisory authority or the chain of command;
- 2. Cause actual or perceived partiality or unfairness;
- 3. Involve, or appear to involve, the improper use of rank or position for personal gain;
- 4. Are, or are perceived to be, exploitative or coercive in nature;
- 5. Create an actual or clearly predictable adverse impact on discipline, authority, morale, or the ability of the command to accomplish its mission.

These prohibitions are not intended to percale normal team building associations which occur in the context of activities such as community organizations, religious activities, family gatherings, unit-based social functions, or athletic teams or events. All militia personnel share the responsibility for maintaining professional relationships. However, in any relationship between members of different grade or rank, the senior member is generally in the best position to terminate or limit the extent of the relationship. Nevertheless, all members may be held accountable for relationships that violate this policy.

This policy statement will be posted on the Department's Policy Bulletin Board, at each Governor's Guard's facility and on the CTMD website at <u>www.ct.gov/mil</u>. Violations of this policy should be reported through the chain of command, if appropriate. Violations may also be reported to the CTMD Human Resources Manager at (860) 548-3248.

I HAVE READ AND UNDERSTAND THIS POLICY

Printed Name

Rank

Signature of Individual



# ACCEPTABLE USE OF STATE SYSTEMS POLICY

#### 1. Purpose:

The purpose of this document is to provide common standards for the use of State of Connecticut Executive Branch electronic communications, including but not limited to electronic mail systems (E-mail), the Internet, computers, laptops and related technologies and equipment (herein referred to as "State systems").

The intent of this policy is to provide information concerning the appropriate and inappropriate use of State systems. Examples are included in order to assist readers with the intent of specific sections of this policy. However, the examples contained within this policy do not exhaust all possible uses or misuses.

Please refer to the Addendum for Frequently Asked Questions (FAQ's) containing additional information. https://www.ct.gov/opm/lib/opm/policies/acceptableusepolicyaddendumfag05252010.pdf

#### 2. Definitions:

E-mail or electronic mail refers to the electronic transfer of information typically in the form of electronic messages, memoranda, and attached documents from a sending party to one or more receiving parties via an intermediate telecommunications system. E-mail is the means of sending messages between computers using a computer network. E-mail services, as defined by this policy, refer to the use of state-provided electronic mail systems.

Internet refers to a "worldwide system of computer networks - a network of networks in which users at any one computer can, if they have permission, get information from any other computer (and sometimes talk directly to users at other computers). The worldwide web is the most widely used part of the Internet, (often abbreviated "WWW" or called "the Web").

Intranet refers to an internal network or website within an organization. The main purpose of an intranet is to share company information and computing resources among employees.

CTNET refers to the equipment and services which provide State of Connecticut agencies, affiliates, and authorized users with electronic access to, including but not limited to, the internet and e-mail

Some definitions provided via the <u>http://whatis.techtarget.com</u> website.

#### 3. Scope of Policy

This policy covers all State of Connecticut Executive Branch agencies and employees whether permanent or non-permanent, full, or part-time, and all consultants or contracted individuals retained by an Executive Branch agency using State of Connecticut systems (herein referred to as "users").

This policy does not apply to the Judicial or Legislative Branches of government. However, these branches may consider adopting any or all parts of this policy for use within their own branches.

Failure to comply with this Acceptable Use Policy may negatively impact employee service ratings and provide the basis for the imposition of progressive discipline.

#### 4. Authority

In accordance with C.G.S. §4d-2 (c) (1), the Chief Information Officer of DOIT is responsible for developing and implementing policies pertaining to information and telecommunication systems for state agencies.

#### 5. Agency Responsibility

Executive Branch agencies are responsible for providing all users with a copy of this policy, obtaining a signed acknowledgment of receipt from each user, and keeping a copy of the signed acknowledgement on file.

Agencies may establish additional restrictions regarding the use of State systems within their local environments. Should conflict exist between this policy and an agency policy, the more restrictive policy would take precedence.

Distribution of software within or between State agencies may be subject to more restrictive agency computer use policies. When in doubt, users are urged to inquire about all applicable restrictions.

The Director of Human Resources (or person serving in this capacity) within each State agency is responsible for addressing individual employee questions concerning this policy and the appropriate use of State systems. The Office of Labor Relations and the Chief Information Officer of DOIT will serve as consultants to agencies in this regard.

#### 6. Ownership of Messages, Data and Documents

State systems and all information contained therein are State property. Information created, sent, received, accessed or stored using these systems is the property of the State.

#### 7. No Presumption of Privacy

All activities involving the use of State systems are not personal or private; therefore, users should have no expectation of privacy in the use of these resources. Information stored, created, sent or received via State systems is potentially accessible under the Freedom of Information Act. Pursuant to Public Act 98-142 and the State of Connecticut's "Electronic Monitoring Notice" the State reserves the right to monitor and/or log all activities without notice. This includes but is not limited to correspondence via e-mail and facsimile.

#### 8. User Responsibilities

As a user, it is important to identify yourself clearly and accurately in all electronic communications. Concealing or misrepresenting your name or affiliation is a serious abuse. Using identifiers of other individuals as your own constitutes fraud. This includes but is not limited to using a computer Logon ID other than the individual User ID authorized. Individuals may not provide their passwords or logon ids to others.

Users should also be mindful that the network is a shared resource and be aware of the impact of their activities on other users. For example, a user with a need to frequently move large files across CTNET should consider scheduling this to occur during off hours so as not to degrade network performance.

#### 9. Usage of State Systems

State systems are provided at State expense and are to be used solely to conduct State of Connecticut business. This means system usage is in conformance with federal and state laws, agency policies and procedures, and collective bargaining agreements.

System usage must be in accordance with each user's job duties and responsibilities as they relate to the user's position with the State of Connecticut at the time of usage. Users who are dually employed must keep in mind the responsibilities of each specific position while engaged in activities involving State systems. Activities must reflect the position duties the employee is performing at the time of State system usage.

#### Examples of Acceptable Use of State Systems

Examples of acceptable use of State systems include job-related activities involving any of the State systems and in accordance with the above criteria. The following items are examples of acceptable activities:

E-mail: sending and receiving correspondence for job related purposes; communicating with local governments, vendors, other state agencies and/or employees, etc., on work-related issues; collaborating with other organizations, states, and the federal government about initiatives and projects of interest to Connecticut. Note: E-mail

messages are considered public records and are, therefore, legally discoverable and subject to record retention policies. See "Additional Resources" below.

Internet: researching state and federal legislation and regulations as they pertain to the user's State position; obtaining information useful to users in their official capacity.

#### 10. Misuse use of State Systems

State systems are provided at State expense and are to be used solely to conduct State of Connecticut business. Unacceptable system usage is generally defined as any activity NOT in conformance with the purpose, goals, and mission of the agency. Additionally, activities that are NOT in accordance with each user's job duties and responsibilities as they relate to the user's position within State service are also unacceptable. Any usage in which acceptable use is questionable must be avoided. When in doubt, seek policy clarification from your agency Director of Human Resources (or person serving in this capacity) prior to pursuing the activity.

#### Examples of Unacceptable Use of State Systems

Any and all personal activities involving any of the State systems. The following items are examples of prohibited activities; however, users are reminded prohibited activities are not limited to these examples:

Email: creating or forwarding jokes, chain messages, or any other non-work related messages; checking and/or responding to personal e-mail via another (second party) e-mail system such as Yahoo! or Hotmail; sending or forwarding messages referring to political causes or activities; messages concerning participation in sports pools, baby pools or other sorts of gambling activities; religious activities; stock quotes; distribution groups or "listservs" for non-work related purposes; solicitations or advertisements for non-work related purposes.

Internet: pirating software; stealing passwords; hacking other machines on the Internet; participating in the viewing or exchange of pornography or obscene materials; engaging in other illegal or inappropriate activities using the Internet; personal job searches; shopping on-line for non-work related items; checking/viewing stocks or conducting any personal financial planning activities.

Use of a personal Internet account using state systems is strictly prohibited.

Any usage of CTNET for illegal or inappropriate purposes is prohibited. Illegal activities are violations of local, state, and/or federal laws and regulations (please see Connecticut General Statutes, §53a-251). Inappropriate uses are violations of the appropriate use of State systems, as defined in this document.

Failure to identify the author(s) of information accessed and obtained through CTNET (i.e., that which is subject to copyright laws, trademarks, etc.)

Connecting personally owned hardware or installing and/or using non-State licensed software. State policy on downloading software is included in Connecticut Software Management Policy. See "Additional Resources" below.

Any unauthorized access to any computer system, application or service.

Any activities for private, commercial purposes, such as business transactions between individuals and/or commercial organizations.

Any usage that interferes with or disrupts network users, services, or computers. Disruptions include, but are not limited to, distribution of unsolicited advertising, and deliberate propagation of computer viruses.

Any activities where users engage in acts that are deliberately wasteful of computing resources or which unfairly monopolize resources to the exclusion of others. These acts include, but are not limited to, broadcasting unsolicited mailings or other messages, creating unnecessary output or printing, or creating unnecessary network traffic.

#### **11. Additional Resources**

Public Act No. 98-142, An Act Requiring Notice to Employees of Electronic Monitoring by Employers, and the State of Connecticut's "Electronic Monitoring Notice" - <u>http://das.ct.gov/HR/Regs/Current/State\_Electronic\_Monitoring\_Notice.pdf</u>

"Electronic and Voice Mail Management and Retention Guide for State and Municipal Government Agencies" – <u>http://ctstatelibrary.org/wp-content/uploads/2015/05/GL2009-</u> <u>2-EmailManagement.pdf</u>

Connecticut Software Management Policy by the State of Connecticut Office of the State Comptroller, the Office of Policy and Management and the Department of Administrative Services <u>https://www.osc.ct.gov/manuals/PropertyCntl/chapter06.htm</u>

I HAVE READ AND UNDERSTAND THIS POLICY

Printed Name

Signature of Individual

#### OATH OF OFFICE (ENLISTED MEMBERS)



"I, \_\_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and of the State of Connecticut against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States , the Governor of the State of Connecticut, and the orders of the officers appointed over me, according to state military regulations and the Connecticut Code of Military Justice. So help me God."

| Signature    | Date |      |
|--------------|------|------|
|              |      |      |
| Printed Name | Rank | Unit |

The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

Signature

Date

Printed Name

Rank

Unit

# OATH OF OFFICE (OFFICERS)



"I, \_\_\_\_\_\_\_\_, having been appointed an officer in the Armed Forces of the State of Connecticut, in the grade of \_\_\_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and of the State of Connecticut against all enemies, foreign or domestic, that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservations or purpose of evasion; that I will well and faithfully discharge the duties of the office upon which I am about to enter and execute the orders of the officers appointed over me; and that I will abide state military regulations and the Connecticut Code of Military Justice. So help me God."

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Date

Printed Name

Rank

Unit

The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

Signature

Date

Printed Name

Rank

Unit