



**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): \_\_\_\_\_

	<b>INITIALS</b>	
<b>POSTC STANDARDS</b>	<b>ACKNOWLEDGED BY APPOINTING AUTH.</b>	<b>ACKNOWLEDGED BY APPOINTEE</b>
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 <b>and</b> 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	_____	_____
<b><i>Comparative and Lateral Hires Only:</i></b>		
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): _____		

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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 2<sup>nd</sup> 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**