



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



CERTIFICATION DIVISION
ENTRY REQUIREMENTS FOR APPOINTMENT - NEW / LATERAL/ COMPARATIVE

APPOINTEE NAME: _____ SS# : _____ D.O.B.: _____
 DATE OF APPOINTMENT: _____ CERTIFICATION # IF **LATERAL** APPOINTMENT: _____
 DEPARTMENT HIRING: _____ RANK AT HIRE: _____
 FORMER DEPARTMENT: _____ FULL TIME: PART TIME:

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	_____	_____
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 Date Returned _____	_____	_____
No record of excludable offense	_____	_____
8. Criminal Convictions – No “A” or “B” misdemeanor convictions and no felony convictions No Domestic Violence Convictions	_____	_____
<i>Comparative/Lateral Hires Only:</i>		
9. Not dismissed from any former law enforcement unit(s) for malfeasance or other serious misconduct.	_____	_____
Did not resign or retire from police officer position while under investigation for such malfeasance or serious misconduct.	_____	_____
Name and title of person providing this information to you from former law enforcement unit(s): _____		

INITIALS

POSTC STANDARDS

**ACKNOWLEDGED BY
APPOINTING AUTH.**

**ACKNOWLEDGED
BY APPOINTEE**

10. Background Examination Completed M/V
conviction checked for:

Evasion of Responsibility

Operating "Under the Influence"

No act of perjury or false statement

11. Polygraph Administered by _____
Date _____ and on file
(must be within 182 days of appointment)

12. Psychological Administered
Date: _____ and on file
(must be within 5 years of appointment)

13. Negative Test – Controlled Substances
(All controlled substances not prescribed for the applicant)

14. Physical Fitness (Comparative) *
(To be completed at the Connecticut Police Academy by
POSTC staff for Comparative Certification)

Name of POST Staff: _____

v Cooper Level 40% 50%

15. Sworn-In Date (GN 03-04): _____

PRINT NAME _____

All the above has been reviewed and approved.

** _____
Appointing Authority Signature

Date

Department

** _____
Appointee Signature

Date

* Officers assigned to patrol duties only

** I, the undersigned, understand that a false statement is punishable under CGS 53a-157b. False statement in the 2nd degree a class A misdemeanor.