

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



## **Entry Requirements for Rehiring a Police Officer**

(For rehires between 181 days and three years from separation)

	Full Time	Part Time	е		
ΑF	PPOINTEE NAME:	SS# (last 4 only)		D.O.B	.:
DA	ATE OF DEPARTURE:		CERT	ΓΙΓΙCATION #:	
DATE OF REAPPOINTMENT:			RAN	K AT REHIRE:	
DE	PARTMENT:				
	POST-C STANDARDS (Acknowledge all that apply)	ACKNOWLEDGED APPOINTING AU		INITIALS	ACKNOWLEDGED BY APPOINTEE
1.	Valid M/V Operator License (issued in the U.S.)			_	
2.	Examination of fingerprints (SPBI <u>and</u> FBI)  Date Returned				
	No record of excludable offense Refer 7-294d (c)(1)(2)				
3.	Criminal Convictions (as defined by CT) – No "A" or "B" misdemeanor Convictions (Disqualifier) NO felony convictions (Disqualifier)				
	No Domestic Violence Convictions				
4.	Not previously 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.			-	
5.	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)			- 	
6.	Polygraph Administered by and on file (must be within 182 days of appointment)				

7.	Psychological Administered		
	Date: and on file		
	(must be within 5 years of appointment)		
8.	Negative Drug Screen – Controlled Substa	nces	
٠.	(All controlled substances not prescribed for t		
	(in controlled substances hot presented for t		<del></del>
9.	Sworn-In Date (GN 03-04):		
			<del></del>
I h my the	the above has been reviewed and approve sclosed to us that would be a disqualifier purave read and signed this form and attest to knowledge. I understand that intentional intent to mislead a public servant in the public hishable by law. False Statement in the 2 isdemeanor.	ursuant to CGS 7-291c.  hat the information provided ally making a false written state performance of their official f	herein is true and accurate to the best of tement that I do not believe to be true with functions on a form bearing this notice is
,	** Appointing Authority Signature	Date	Department
**	*		

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