

CANDIDATE'S PROFESSIONAL PROFILE

STATE OF CONNECTICUT PROMOTIONAL EXAMINATION FOR STATE POLICE SERGEANT 140200

Candidate's Statement of Accuracy

Instructions to Trooper: Fill in your name and the last 4 digits of your SSN on the lines provided below, and present your completed Professional Profile with all required documentation to your Commanding Officer (or to the Executive Officer in the Commanding Officer's absence) with this cover sheet. You must sign this page in the presence of your Commanding Officer (or Executive Officer).

Your completed Professional Profile may be submitted when you report to take your scheduled oral test, or you can hand deliver your completed Professional Profile to DAS (Room 404 of the State Office Building at 165 Capitol Avenue, Hartford) on Thursday, April 17, between 8:30 a.m. and 4:30 p.m. (The oral test will be administered from April 10 to April 16, 2014. You will be sent a scheduling letter and directions to the test site where you are scheduled to take the oral test.)

Instructions to Commanding Officer:

- (1) Review the Trooper's Professional Profile Package and verify that the Trooper has indeed attached written documentation for all those examples of training and experience listed in the Profile for which the Trooper has checked "Yes" under "Documentation Is Attached?"
- (2) Have the trooper attest (swear) to the accuracy of the attached package and sign his(her) signature on the appropriate line below. Then fill in the information and sign on the lines provided for you below.
- (3) Return the signed Profile package to the trooper, who will submit it to DAS.

Candidate's Name: _____
(Please Print) (last 4 digits of SSN)

My signature below attests to the accuracy of the information and documents contained within the attached package. I certify that the statements made by me on this form are true to the best of my knowledge. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and to such other penalties as may be prescribed by law or personnel relations.

Signature: _____

The above was signed and sworn to before me this _____ day of _____, 20 _____.

Signature of Commanding Officer

Commanding Officer's Name and Rank: _____

Troop or Unit: _____

(Your Last Name)

The Professional Profile

Instructions: Refer to the separate booklet of instructions for completing the Professional Profile and fill in the information requested in the spaces provided. Documentation for the examples of education or experience listed on the Professional Profile form should be put in the order that the corresponding examples of education or experience are listed on the Profile form and attached at the end of the form.

Part 1. Education (Documentation must be attached in order to receive credit for education.)

Check the <u>highest</u> Degree earned from an accredited College or University: <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate						
Name & Address of Institution Awarding Degree	Dates Attended	Credit Hours Completed	Major	Degree Received	Date Degree Awarded	Documentation Is Attached?
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
Check the following if it applies to you: <input type="checkbox"/> Do not have a degree but have 60 or more credits towards a Bachelor's Degree.						
Name & Address of Institution	Dates Attended	Credit Hours Completed	Major	Degree Program	Date Degree Anticipated	Documentation Is Attached?
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 2: Supervisory/Leadership Experience

(Documentation must be attached for all supervisory/leadership experiences in order to receive credit.)

1	Agency or Organization:	Title of Position:	Number of Subordinates:
	Name & Title of Your Supervisor (or the person that you reported to):	Start & End Dates:	Hours Worked Per Week:
Duties & Responsibilities:			Documentation Is Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No

(Your Last Name)

Part 2: Supervisory/Leadership Experience (continued)

(Documentation must be attached for all supervisory/leadership experiences in order to receive credit.)

2	Agency or Organization:	Title of Position:	Number of Subordinates:
Name & Title of Your Supervisor (or the person that you reported to):		Start & End Dates:	Hours Worked Per Week:
Duties & Responsibilities:			Documentation Is Attached? ___ Yes ___ No
3	Agency or Organization:	Title of Position:	Number of Subordinates:
Name & Title of Your Supervisor (or the person that you reported to):		Start & End Dates:	Hours Worked Per Week:
Duties & Responsibilities:			Documentation Is Attached? ___ Yes ___ No
4	Agency or Organization:	Title of Position:	Number of Subordinates:
Name & Title of Your Supervisor (or the person that you reported to):		Start & End Dates:	Hours Worked Per Week:
Duties & Responsibilities:			Documentation Is Attached? ___ Yes ___ No

(Your Last Name)

Part 2: Supervisory/Leadership Experience (continued)

(Documentation must be attached for all supervisory/leadership experiences in order to receive credit.)

5	Agency or Organization:	Title of Position:	Number of Subordinates:
	Name & Title of Your Supervisor (or the person that you reported to):	Start & End Dates:	Hours Worked Per Week:
	Duties & Responsibilities:		Documentation Is Attached? ___ Yes ___ No
6	Agency or Organization:	Title of Position:	Number of Subordinates:
	Name & Title of Your Supervisor (or the person that you reported to):	Start & End Dates:	Hours Worked Per Week:
	Duties & Responsibilities:		Documentation Is Attached? ___ Yes ___ No
7	Agency or Organization:	Title of Position:	Number of Subordinates:
	Name & Title of Your Supervisor (or the person that you reported to):	Start & End Dates:	Hours Worked Per Week:
	Duties & Responsibilities:		Documentation Is Attached? ___ Yes ___ No

Part 3: Training & Law Enforcement Experience (continued)

Category 4: Other State Police Assignments/Positions with Additional Responsibility. (Documentation must be attached in order to receive credit.)			
1	Title/Name of Assignment:	Location of Assignment:	
Name & Title of Your Supervisor (or the person that you reported to):		Start & End Dates:	Number of Subordinates:
Duties & Responsibilities of Assignment:			Documentation Is Attached? ___ Yes ___ No
2	Title/Name of Assignment:	Location of Assignment:	
Name & Title of Your Supervisor (or the person that you reported to):		Start & End Dates:	Number of Subordinates:
Duties & Responsibilities of Assignment:			Documentation Is Attached? ___ Yes ___ No
3	Title/Name of Assignment:	Location of Assignment:	
Name & Title of Your Supervisor (or the person that you reported to):		Start & End Dates:	Number of Subordinates:
Duties & Responsibilities of Assignment:			Documentation Is Attached? ___ Yes ___ No
4	Title/Name of Assignment:	Location of Assignment:	
Name & Title of Your Supervisor (or the person that you reported to):		Start & End Dates:	Number of Subordinates:
Duties & Responsibilities of Assignment:			Documentation Is Attached? ___ Yes ___ No

Part 3: Training & Law Enforcement Experience (continued)

Category 3: Other State Police Assignments/Positions with Additional Responsibility. (Documentation must be attached in order to receive credit.)		
5	Title/Name of Assignment:	Location of Assignment:
Name & Title of Your Supervisor (or the person that you reported to):		Start & End Dates:
		Number of Subordinates:
Duties & Responsibilities of Assignment:		Documentation Is Attached? ___ Yes ___ No
6	Title/Name of Assignment:	Location of Assignment:
Name & Title of Your Supervisor (or the person that you reported to):		Start & End Dates:
		Number of Subordinates:
Duties & Responsibilities of Assignment:		Documentation Is Attached? ___ Yes ___ No
7	Title/Name of Assignment:	Location of Assignment:
Name & Title of Your Supervisor (or the person that you reported to):		Start & End Dates:
		Number of Subordinates:
Duties & Responsibilities of Assignment:		Documentation Is Attached? ___ Yes ___ No
8	Title/Name of Assignment:	Location of Assignment:
Name & Title of Your Supervisor (or the person that you reported to):		Start & End Dates:
		Number of Subordinates:
Duties & Responsibilities of Assignment:		Documentation Is Attached? ___ Yes ___ No

(Your Last Name)

Part 3: Training & Law Enforcement Experience (continued)

Category 3: Other State Police Assignments/Positions with Additional Responsibility (continued).		
(Documentation must be attached in order to receive credit.)		
9	Title/Name of Assignment:	Location of Assignment:
Name & Title of Your Supervisor (or the person that you reported to):		Start & End Dates:
		Number of Subordinates:
Duties & Responsibilities of Assignment:		Documentation Is Attached? — Yes — No
10	Title/Name of Assignment:	Location of Assignment:
Name & Title of Your Supervisor (or the person that you reported to):		Start & End Dates:
		Number of Subordinates:
Duties & Responsibilities of Assignment:		Documentation Is Attached? — Yes — No

Part 4. Service (Appointment dates will be verified by DAS against agency records.)

Date of Your Appointment as a Trooper Trainee	Your Training Class	Date of Your Appointment as a Trooper