#### CONNECTICUT MILITARY DEPARTMENT



# INSTRUCTIONS FOR APPLICATION FOR APPOINTMENT INTO THE CONNECTICUT STATE GUARD

**PURPOSE:** The Connecticut State Guard is authorized under Connecticut General Statute Section 27-9. Members of the Connecticut State Guard (CTSG) can be ordered to active service whenever the Governor of the state deems it necessary or in the interests of the state.

**ELIGIBILITY:** In order to be eligible for appointment into the CTSG, the individual must:

- **1.** be a resident of the State of Connecticut;
- 2. NOT currently be a member of any component of the armed forces of the United States, to include the Connecticut National Guard:
- 3. be available to be called to State Active Duty at the convenience of the Governor and/or the Adjutant General of the State of Connecticut;
- 4. possess a special skill, license or degree of interest to the CTSG;
- 5. be medically fit to perform the duties assigned upon appointment.
- **6.** accept an oath of office subjecting you to the orders of the Governor, The Adjutant General, the Connecticut Code of Military Justice and pertinent service regulations.

#### LIMITATIONS:

- Individuals approved for appointment into the CTSG will be expected to perform their duties when ordered to State Active Duty and not necessarily at their personal convenience.
- Rank and duty position will be selected based upon experience, education and commensurate positions in the Armed Forces of the United States
- Former members of the US Armed Forces may be assigned the rank they last held prior to retirement or expiration of term of service (ETS)
- individuals currently serving in the inactive ready reserve or inactive National Guard are NOT eligible for appointment into the CTSG
- individuals in the retired reserve ARE eligible for appointment into the CTSG
- Officers & Warrant Officers of the CT National Guard who are promoted to the next highest rank upon retirement in accordance with CGS 27-53 are automatically appointed to the CTSG as a condition of their promotion.
- Appointment orders will be revoked if the individual
  - o Fails to maintain residency in Connecticut or;
  - Fails to maintain required licenses or professional certification for their duty position or;
  - o Fails to keep a level of physical fitness or medical health necessary to perform duties or;
  - o Reaches 65 years of age

### **DOCUMENTATION:**

- 1. Completed and signed application form (CTMD 5-3)
- 2. Copy of driver's license or CT identification card issued by the Department of Motor Vehicles
- 3. Copy of professional license, certificate or degree (if applicable)
- 4. Resume of skills, education and employment history

For more information visit http://www.ct.gov/mil or call (860) 524-4968

#### SEND APPLICATIONS & SUPPORTING DOCUMENTATION TO:

Connecticut Military Department Military Administration Office 360 Broad Street Room #113 Hartford, Connecticut, 06105-3795 (860) 493-2721 (fax)

## CONNECTICUT MILITARY DEPARTMENT APPLICATION FOR APPOINTMENT TO THE CONNECTICUT STATE GUARD RESERVE



APPLICANT'S PERSONAL INFORMATION									
Last Name				First N	Name	Middle Initial			
Street Address									
City							State	Zip-Code	
Social Security Number		Date of Birth			Marital Status ☐ Single		☐ Divorced	Dependent Status ☐ Yes	
				Married		Widowed	□ No		
FORMER MILITARY EXPERIENCE (if applicable)  Branch of Service									
Branch of Service	Corps							Military Retiree	
☐ Army ☐ Air Force			Guard Reserv				nal Guard pination	☐ Yes ☐ No	
Highest Military Rank Held							ou currently hold a rity Clearance?		u ever been d of crime?
Natik Held Date		bischarg				☐ Ye		☐ Yes ☐ No	
List Duty Positions (include MOS, Branch, Skill Identifiers, Classification Codes, Rating, AFSC, schools attended, etc)									
INFORMATION VERIFICATION, ACCESS & RELEASE AUTHORIZATION									
I authorize verification/release of the information I am providing on this application. This authorization allows the									
Connecticut Military Department to access my military personnel records for the purposes of evaluating this application.  Initials									
STATEMENT OF CONFIDENTIALITY									
This application required supporting documentation and access to your military records are the primary means of determining your eligibility to be appointed to the Connecticut State Guard Reserve. Disclosure of the requested information, including the applicant's social security number is									
voluntary. However, failure to provide the requested information or access thereto may result in the inability to verify eligibility based on the lack of sufficient information. Unverified eligibility will result in the denial and return of this application.									
I attest that the information provided on this application is true and correct to the best of my knowledge and understand that appointment to the CTSG authorizes me to participate in State Active Duty functions and that I will be subject to the Connecticut Code of Military Justice and pertinent service									
regulations.									
SIGNATURE DATE									
TO BE COMPLETED BY CONNECTICUT MILITARY DEPARTMENT									
APPROVED	1		:1						
Effective	e Date								
Expiration Term of Service									
Approved	Rank								
Permanent Order				SIGNATURE OF MILITA			LITARY ADMINISTRATI\	VE OFFICER	DATE
REJECTED Reason:	•								