

# Northern Virginia Criminal Justice Training Academy

## ENTRY LEVEL TRAINING REGISTRATION FORM

**Type of Training Requested:**

**Date of Physical**

**Criminal History Check** (Must be within 90 days of Start of Academy) **Date:**

Social Security Number

(all number required)

Last Name

First Name

MI

Work Email

Date of Birth

Gender Male

Female

Agency

Hire Date

Rank

Job Function 1

Job Function 2

Job Function 3

Job Function 4

I certify the above named personnel meet minimum qualifications in accordance with Academy Policy and Code of Virginia 15.2-1705(A) and all physicals were conducted by physicians made aware of the physical and stress aspects of academy training.

AGENCY ADMINISTRATOR: \_\_\_\_\_