

Commonwealth of Virginia Virginia Department of Criminal Justice Services

Initial Employment (Form 21)

Submit to: Department of Criminal Justice Service, 1100 Bank Street, 12th Floor, Richmond, VA 23219 to be entered into the T-REX Training Records System within 10 days of officer employment

Officer's Current Name: (Last, First, Middle Initial)					
Social Security Number: Date of Birth (mm/dd/		ar):	Gender (Optional	nder (Optional for statistical purposes only)	
			☐ Female	☐ Male	
Appointing Agency/Department:		Employment Date:	(mm/dd/year)	Rank:	
Check the correct status: Full time Part-time (Compensated more than 80 hours annually) Applicant Level One		Designate Primary Function: (Designate below the primary function the officer will perform by checking one only)			
		Law Enforcement Officer			
		☐ Jail Officer/Deputy			
		☐ Court Security Officer			
Auxiliary Level One	Auxiliary Level Two		☐ Civil Process Officer		
<u> </u>			☐ Communications Officer/Dispatcher		
Auxiliary Level Three		☐ DOC Corrections Officer			
		DJJ Juvenile Corrections Officer			
		☐ Instructor Only			
For Secondary Functions: Please list all secondary functions for which you will require training and certification:		Education:			
		Less than high school			
Law Enforcement Officer	Jail Officer/Deputy Communications Officer Court Security Officer		☐ High school or equivalent		
• •			☐ Some college		
			☐ Associate Degree		
·			☐ Four Year Degree		
☐ Civil Process Officer		☐ Post Graduate Degree			
§ 15.2-1705, Code of Virginia, requires all police officers, deputy sheriffs, law enforcement officers and regional jail officers, defined in § 9.1-101, Code of Virginia, to meet minimum employment qualifications prior to employment. Is this officer in compliance with § 15.2-1705, Code of Virginia (1950), as amended?					
Yes No (If No, you must submit Form W-1 "Application for Waiver of Minimum Qualifications."					
Attest: I CERTIFY that the above statements are true and correct to the best of my knowledge and that I am authorized to submit this information. (Print or type name and Sign Form)					
Submitted by:	by:		Date:		
		Telephone:			

Retain a signed copy for your records as a copy may be requested by the Department of Criminal Justice Services if errors are found.