

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/ye		Gender (Optional for statistical purposes only)			
			☐ Female	☐ Male	
Appointing Agency/Department:		Employment Date	: (mm/dd/year)	Rank:	
Check the correct status:		Designate Primary Function: (Designate below the primary function the officer will perform by checking one only)			
☐ Full time ☐ Part-time (Compensated more than 80 hours annually) ☐ Auxiliary Level One ☐ Auxiliary Level Two		Law Enforcement Officer			
		☐ Jail Officer/Deputy			
		Court Security Officer			
		☐ Civil Process Officer			
Auxiliary Level Three	_		☐ Communications Officer/Dispatcher		
Advillary Level Tillee		☐ 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 Civil Process 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:	:		Title: Date:		
Signature:	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.

www.dcjs.virginia.gov