



FORM 21

Initial Appointment

Submit within 10 days after officer appointment to:

Department of Criminal Justice Services
1100 Bank Street, 12th Floor, Richmond, VA 23219
Please type or print clearly

Officer's Current Name: (Last, First, Middle Initial)

Social Security Number:

Date of Birth
(mm/dd/year):

Gender: (Optional-for statistical purposes only)

Female Male

Race: (Optional-for statistical purposes only)

- African-American Hispanic
 Asian/Pacific Islands American Indian
 Caucasian Other

Education:

- Less than high school Associate Degree
 High school or equivalent Four Year Degree
 Some college Post Graduate Degree

Appointing Agency/Department:

Date Appointed/Hired:

Rank:

mm/dd/year:

Check the correct status:

- Full time
 Part time (Compensated more than 80 hours annually)
 Auxiliary (§15.2-1731, Paragraph B only)

Designate Primary Function: (Designate below what primary function the officer will perform by checking one only)

- Law Enforcement Officer
 Jail Officer/Inmate Security
 Court Security/Civil Process Officer
 Dispatch/Communications Officer
 DOC Corrections Officer
 DOC Non-Custodial Officer
 Instructor Only

For Secondary Functions: Please list all secondary functions for which you will require training and certification

- Law Enforcement Officer Dispatch/Communications Officer
 Jail Officer/Inmate Security Court Security/Civil Process Officer

Section 15.2-1705, Code of Virginia, requires all police officers, deputy sheriffs, law enforcement officers and Regional Jail Officers, defined in Section 9.1-101, Code of Virginia, to meet minimum employment qualifications prior to employment. Is this officer in compliance with Section 15.2-1705, Code of Virginia (1950), as amended? Yes No [If no, you must submit a Form W-2 "Application for Exemption from Virginia Compulsory Minimum Training Standards"]

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: _____

DCJS Form 21, Revised 04/10

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