



Southwest Virginia Criminal Justice Training Academy Entry-Level Training Registration Form

Name: _____ SSN: _____

DOB: _____ OLN: _____ State: _____

Department: _____ Candidate lodging needed: Yes No

The Chief Administrative Officer of each local/state agency or department is responsible for assuring that this form is completed correctly and returned to the Academy.

- A. Candidate has been reported to D.C.J.S. in TRACER? Yes No
- B. Candidate was reported as: Law Enforcement Jailer Court Security/Civil Process
- C. Candidate has completed the required physical by a licensed physician and the physical forms are included with this document: Yes No
- D. Candidate has completed the required drug screen with negative results: Yes No
- E. Candidate has a valid Operators License: Yes No
- F. A fingerprint based criminal records check, F.B.I. and C.C.R.E. has been conducted on the candidate with negative results, as mandated by State Code: Yes No
- G. The Candidate possesses a high school diploma or G.E.D. Yes No

- I certify that the candidate has been duly hired by _____,
on _____ and is covered by worker's compensation insurance provided
by this jurisdiction
- I certify that the candidate was sworn in on: _____
- I certify that the information provided in this document is true and correct.

Authorized Official Name (Print/Type)

Authorized Official Signature

I, _____, Notary for the
Commonwealth or State of _____, in the County of _____,
do hereby witness the signature of _____,
who appeared before me on this
_____ day of _____, 20_____.

Signature of Notarial Officer

My Commission Expires: _____

Notary Registration Number: _____