

### Agency Employment Action

Date of Action: \_\_\_\_\_

**Employment** (new hire)

**Promotion**

**Separation/Other Action:** (\*if resigned or terminated due to misconduct submit LEA-90 form)

Deceased  Military  Retired  Resigned\*  Terminated\*  Misconduct\*

Decommissioned Only  Medical \_\_\_\_\_

Other \_\_\_\_\_

Submitted by \_\_\_\_\_ Signature \_\_\_\_\_  
Chief/Designee

Date \_\_\_\_\_ Title or Rank \_\_\_\_\_

Agency \_\_\_\_\_ Telephone \_\_\_\_\_

### Employee Information

Name \_\_\_\_\_  
First Middle Last Maiden

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_ Gender \_\_\_\_\_

Ethnic Origin \_\_\_\_\_ Rank or Classification \_\_\_\_\_

Date of Current Employment \_\_\_\_\_ Date of Current Commission \_\_\_\_\_

DPS Certification Number \_\_\_\_\_ Certification Date \_\_\_\_\_

**Entry Level Firearms Training/Qualification (For new hires without active certification)**

**ENTRY LEVEL FIREARMS TRAINING/QUALIFICATION (10.29.9.14)**

Sixteen (16) hour handgun training:  Eight (8) hour shotgun training (if issued):

Day Time Score:  Date: \_\_\_\_\_ Night Time Score:  Date: \_\_\_\_\_

Print Name of DPS Certified Firearms Instructor \_\_\_\_\_ DPS Certification Number \_\_\_\_\_  
Instructor Signature \_\_\_\_\_ Contact # \_\_\_\_\_

DPS Use Only: Permanent File # _____		
Registry input by: _____	Certification Verified by: _____	Firearms Qual. Processed by: _____