

Gibsonville Police Department

129 West Main Street • Gibsonville, NC 27249 • (336) 449-7926



APPLICATION FOR EMPLOYMENT CHECKLIST:

1. Authorization and release form to obtain information signed, dated, and notarized. www.gibsonville.net
2. Town Application for Employment (last page signed and dated) www.gibsonville.net
3. Form F-3 (Personal History Statement) completed and notarized. www.ncdoj.com
4. Copy of Birth Certificate
5. Copy of High School Diploma or GED and/or college transcripts if applicable
6. Copy of DD214 (Veteran) if applicable
7. Copy of Driver's License
8. Copy of Social Security Card
9. Copy of Basic Law Enforcement Certificate and any other Law Enforcement Schools, including grades
10. Credit History
11. Certified copy of a Criminal History from the Clerk's Office from each county you have lived in

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Authority to Release Information

To Whom It May Concern:

I hereby authorize any authorized representative of the above named agency or any agent acting for it, within one year of this date, to obtain any information in your files pertaining to my employment, military, medical, credit or educational records including, but not limited to, academic, achievement, attendance, athletics, personal history, and disciplinary records, medical records and credit records. This release is executed with full knowledge and understanding that the information is for the official use of the above agency to furnish such information as described above to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with the authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name: _____
(Signature)

Full Name: _____
(Type or Print Name)

Date: _____

Current Address: _____

Telephone Number: _____

State: _____ County: _____

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

My commission expires : _____



TOWN OF GIBSONVILLE EMPLOYMENT APPLICATION

Applications may be mailed to: Town of Gibsonville Attn: Human Resources 129 West Main Street Gibsonville, NC 27249 or emailed to mhill@gibsonville.net.

Fill out all sections **COMPLETELY** and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. Once submitted, application materials become the property of the Town. An application must be received in Town Hall by 5 pm on the closing date posted to ensure consideration. Photocopied applications must have an original signature and current date. **PRINT OR TYPE ALL INFORMATION.**

CURRENT INFORMATION

POSITION TITLE _____ DATE: _____

When will you be available for employment? (i.e. immediately, 2 weeks notice) _____

Are you seeking Full-time regular Part-time regular Temp./prefer regular Temporary Only

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
Street & No. or P.O. Box City State Zip

HOME TEL # () _____ OTHER TEL # () _____

E-MAIL ADDRESS _____ (if applicable)

Are you 18 or older? Yes No Are you a Veteran? Yes No

Selective Service Registration If you are a male between the ages of 18 to 25, have you registered for Selective Service? Yes No. If not, you will have 30 days to comply if selected for a position as required by law.

Immigration Reform & Control Act After employment, you will be required to submit verification of your legal right to work in the United States. The Town of Gibsonville employs only United States citizens or aliens who can provide proof of identity and work authorization within 3 working days of employment.

Equal Opportunity Employer It is the policy of the Town of Gibsonville to foster, maintain, and promote equal employment opportunity. The Town shall select employees on the basis of applicants' qualifications and without regard to sex, race, national origin, ethnicity, color, religion, creed, age, marital status, veteran's status, disability, genetic information or political affiliation, except where specific age, sex or physical requirements constitute a bona fide occupational qualification necessary for job performance.

Drug Screening All **FINAL** applicants must pass a drug screening process. Further information will be provided at the appropriate time in the employment process.

GENERAL INFORMATION

If you need to explain any answer, use the space under EXPLANATIONS near the end of this application.

Have you ever been employed with the Town of Gibsonville? Yes No

If YES, what department and when: _____

Are you now or were you previously related in any way to a Town employee? Yes No

If YES, give name, relationship and department: _____

Do you currently have authorization to work in the U.S.? Yes No

EDUCATION

Provide your complete history

Indicate highest school year completed: (i.e. 8, 12, 16) _____

Name of High School _____ City _____ State _____

Have you received a high school diploma or equivalent? Yes No

Education Beyond High School	Name and Location	Did You Graduate?	Degree, Diploma, Certificate Earned or # of Yrs.	Major Minor
College(s) University(ies)				
Graduate or Professional Schools				
Technical Institutes, Internship, Other				

KNOWLEDGE, SKILLS & ABILITIES

Please list any knowledge, skills or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you can operate and/or word processing software packages known or used.

REGISTRATIONS, LICENSES, CERTIFICATIONS

List fields of work for which you have been registered, licensed or certified.

EMPLOYMENT

Record your complete work history in the spaces below. If needed, additional sheets containing the same information and in the same format are acceptable. BEGIN with your current or most recent position. Include military and related volunteer experience. Be sure to account for gaps in your employment history. **ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable). "See attached resume" is NOT acceptable in the duties space.**

A. CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____

Date employed _____ Date Separated _____

Employer or company _____ Telephone # () _____

Employer or company address _____

Name and Title of most current supervisor _____

Full Time for how long? _____

If you worked part-time, the number of hours worked per week _____

DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change

B. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date employed _____ Date Separated _____
Employer or company _____ Telephone # () _____
Employer or company address _____
Name and Title of most current supervisor _____
Full Time for how long? _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change _____

C. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date employed _____ Date Separated _____
Employer or company _____ Telephone # () _____
Employer or company address _____
Name and Title of most current supervisor _____
Full Time for how long? _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change _____

D. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date employed _____ Date Separated _____
Employer or company _____ Telephone # () _____
Employer or company address _____
Name and Title of most current supervisor _____
Full Time for how long? _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change _____

E. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date employed _____ Date Separated _____
Employer or company _____ Telephone # () _____
Employer or company address _____
Name and Title of most current supervisor _____
Full Time for how long? _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change

May we contact your present employer for reference prior to an interview (if granted)? Yes No
If you are not currently employed, please check here N/A (). If NO, explain under EXPLANATIONS.

EXPLANATIONS

Certification and Release (MUST BE SIGNED AND DATED BELOW)

- To the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly or negligently misrepresented, falsified or omitted any information during the application process, or have made any changes to the format or wording of this application form, I may be disqualified for employment consideration or dismissed from employment with the Town.
- I authorize my current and former employers to give any information regarding me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.
- I understand and acknowledge that should I be employed by the Town of Gibsonville, then I serve "at will". This means that I may be terminated at any time. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically approved by the Town Manager.
- Please sign below or in lieu of signature please type your name in signature line below.

SIGNATURE _____ **DATE** _____



NORTH CAROLINA CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

It is the determination of the Commission that these questions are necessary in order to fully and adequately evaluate applicants for law enforcement and criminal justice certification. These questions are designed to ascertain whether the applicant meets the minimum standards for certification and serve no other purpose.

PERSONAL HISTORY STATEMENT

NOTE: This form is not designed for use as an initial application for employment and must not be used for that purpose. Rather, the applicant for a CERTIFIED position should complete this form prior to beginning his/her background investigation. This form should only be completed by applicants for a Commission-certified position.

13. Name of Spouse: _____
 Name of Former Spouse(s): _____

14. List all of your children, including any adopted or stepchildren.

Name	Birth Date	Relationship	Address	Phone Number
(1).				
(2).				
(3).				
(4).				
(5).				
(6).				

FAMILY HISTORY

15. Are you related by blood or marriage to any person(s) now employed by this agency? Yes No
 If yes, give name(s) and details:

16. Is any member(s) of your immediate family now in prison or on either probation or parole? Yes No
 If yes, give name(s) and details:

RESIDENCES

17. List every city/county in which you have lived since attaining the age of 16, with present address at top:

From Mo/Yr	To Mo/Yr	Address of Residence	City County State	Landlord

D.	_____	Amount Owing \$ _____
	Name of Business	
	_____	_____
	Street Address	City and State
E.	_____	Amount Owing \$ _____
	Name of Business	
	_____	_____
	Street Address	City and State
F.	_____	Amount Owing \$ _____
	Name of Business	
	_____	_____
	Street Address	City and State

WORK HISTORY

26. Have you ever been denied employment by a law enforcement agency, corrections agency, or security agency which required certification or licensure from any Commission, Board or Agency after a conditional offer of employment was made?

Yes No If yes, list agency name and give details: _____

27. Have you ever held a position in any capacity which required certification or licensure from any Commission, Board or Agency established to certify or license that position? (Note: List any such Commission, Board, or Agency, whether in or out of North Carolina.) Yes No

27a. If yes, was such certification or license ever suspended, revoked, or any sanctions taken against it by the issuing authority? Yes No

27b. If such certification or license was ever suspended, revoked, or any sanctions taken against it by the issuing authority, please list the agency's name taking the action against the certification or license, date of the action, reason for the action, and the period of time for the suspension, revocation, or sanction.

28. Have you ever been discharged, requested to resign, or allowed to resign in lieu of termination, from any position because of criminal or personal misconduct or rules violations?

Yes No If yes, list organization name and give details: _____

29. Do you object to wearing a uniform? Yes No

30. Do you object to working nights? Yes No

31. Do you object to working rotating shifts? Yes No

32. Do you object to occasionally being away from home overnight and for other periods of time attending meetings, acquiring training and otherwise performing official duties? Yes No

33. List **ALL** jobs, positions or appointments you have held in the last ten years to include temporary, part-time, paid or not paid employment, active or inactive reserve, and internships. Put your present or most recent job first. List a **Reason for Leaving** for each job. Include military service in proper time sequence and temporary part-time jobs. If there are gaps in your employment please provide an explanation for each period of unemployment.

A. Title of present or last position _____

Employer Address and Phone Number _____

Name Phone Number

Street City State Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos Part Time ___ Yrs ___ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for leaving: _____

B. Title of present or last position _____

Employer Address and Phone Number _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos

Part Time ___ Yrs ___ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for leaving: _____

C. Title of present or last position _____

Employer Address and Phone Number _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos

Part Time ___ Yrs ___ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for leaving: _____

D. Title of present or last position _____

Employer Address and Phone Number _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos

Part Time ___ Yrs ___ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for leaving: _____

E. Title of present or last position _____

Employer Address and Phone Number _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos

Part Time ___ Yrs ___ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for leaving: _____

F. Title of present or last position _____

Employer Address and Phone Number _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos

Part Time ___ Yrs ___ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for leaving: _____

G. Explain Periods of unemployment of three months or more. _____

MILITARY SERVICE

34. Were you ever in the U.S. Military Service or any other military organization? Yes No

Were you ever denied entrance into the military? Yes No If yes, why? _____

QUESTIONS 35 THROUGH 43 ARE APPLICABLE ONLY TO VETERANS

35. What is your service number? _____

36. What was the highest rank that you held? _____

37. What was the last rank that you held? _____

38. What was the date and location of your first enlistment or commission? Date: _____

39. List each tour of active duty where a DD-214 was issued:

Branch	Unit (Company or Ship)	Location	From Mo./Yr.	To Mo./Yr.

40. List all duty stations:

Branch	Unit (Company or Ship)	Location	From Mo./Yr.	To Mo./Yr.

41. Have you ever received any of the following types of discharge:

- Uncharacterized Yes No
- Honorable Yes No
- General (Under honorable conditions) Yes No
- Under other than honorable conditions Yes No
- Bad Conduct Discharge Yes No
- Dishonorable Discharge Yes No
- Dismissal Yes No

42. Were you ever court-martialed, tried on charges, or the subject of a summary court, deck court, non-judicial punishment, captain's mast, company punishment, article 15, **and/or any other disciplinary action** while a member of the military, national guard or reserve unit?

Yes No If yes, explain what occurred and what type of punishment you received: _____

43. List all medals and decorations awarded you during your military service: _____

44. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation:

USE OF ALCOHOL OR DRUGS

45. Do you drink alcoholic beverages? Yes No

NOTE: In questions 46, and 47, the word ‘used’ means “one time or more, including experimentation.” If any answer is yes, give full and complete details. (Attach extra sheets if necessary.)

46. Have you ever used, to include tasting, any illegal drugs including but not limited to, marijuana, steroids, opiates, pills, heroin, cocaine, crack, LSD, designer or synthetic drugs, etc., to include even one-time use or experimentation?

Yes No I don’t know (explain below)

If yes, what were the circumstances, drugs used, and when did the usage last occur?

When was the last time? _____

47. Have you ever used prescription drugs other than under the supervision of, or as prescribed by, a physician?

Yes No I don’t know (explain below)

If yes, what were the circumstances, drug(s) used, and when did the usage last occur?

48. Have you ever purchased, possessed, manufactured, grown, delivered or sold any amount of illegal drugs or controlled substances for which you did not have a valid prescription? Yes No I don’t know (explain below)

If yes, identify the drug(s) and provide details concerning the purchase, possession, manufacture, growth, delivery, or sale.

CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

NOTE: Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. If any doubt exists in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer “Yes.” You must list any and all criminal charges regardless of the date of offense and the disposition (to include dismissals, not guilty, nol pros, PJC, or any other disposition where you entered a plea of guilty). Juvenile charges or arrests should also be listed.

Include all offenses other than minor traffic offenses. Specifically include DWI, DUI, driving while under the influence of drugs, driving while license permanently revoked, speeding to elude arrest, or duty to stop in event of accident. **Attached to this form is an additional list of North Carolina traffic offenses which must be listed.**

You must include any and all convictions regardless of whether or not the convictions were expunged pursuant to NCGS 15A-145.4 and 15A-145.5. If you list a charge(s), please attach certified and true copies of warrant(s) and judgment(s) for each offense, even if documentation and charges have previously been reported to this agency.

49. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense?
(The term "charged" as used in this question includes being issued a criminal citation or summons.)
 Yes No If yes, give details below:

A. Offense Charged _____	Law Enforcement Agency _____
Date _____	Disposition of Case _____
B. Offense Charged _____	Law Enforcement Agency _____
Date _____	Disposition of Case _____
C. Offense Charged _____	Law Enforcement Agency _____
Date _____	Disposition of Case _____

(ATTACH EXTRA SHEETS, IF NECESSARY)

50. Have you ever had a Domestic Violence Protection Order issued against you?
(Include both ex-parte Domestic Violence Protective Orders and those entered subsequent to a hearing.)
 Yes No

Date of Issuance: _____

County of Issuance: _____

Name of Plaintiff: _____

Date of expiration: _____

51. Under federal law you may be disqualified to receive or possess a firearm if you meet any of the following conditions:
- (a) currently under Indictment or Information in any court for a crime punishable by imprisonment for a term exceeding one year.
 - (b) have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. A person would not be ineligible under this criteria if the person has been pardoned for the crime or conviction, the crime or conviction has been expunged or set aside, or the person has had his/her civil rights restored, and under law where the conviction occurred the person is not prohibited from receiving or possessing any firearm.
 - (c) are a fugitive from justice.
 - (d) are an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance.
 - (e) have been adjudicated mentally defective or have been involuntarily committed to a mental institution.
 - (f) have been discharged from the Armed Forces under dishonorable conditions.
 - (g) are illegally in the United States.
 - (h) have renounced your citizenship, having previously been a citizen of the United States.

NOTE: A "crime punishable by imprisonment for a term exceeding one year" as discussed in (a) and (b) above is defined in federal law so as to exclude most misdemeanors in North Carolina.

If any of the above (a through h) apply, please note below and submit an explanation on a separate sheet of paper which accompanies this form. Your signature on the attestation found on page 15 of this document indicates you have read this section and understand each of the disqualifiers.

52. Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use or attempted use of physical force or threatened use of a deadly weapon?
 Yes No I don't know (explain below) If so, did you commit the act(s) against a current or former spouse, parent, or guardian or against a person with whom you were or are cohabiting with or a person similarly situated to a spouse, parent, or guardian of the victim (Domestic Violence Offense)?
 Yes No

Offense Charged: _____

Law Enforcement Agency _____

Date: _____

Disposition _____

53. Have you ever been charged with a felony? (including any charges expunged pursuant to NCGS 15A-145.4 and 15A-145.5.)
 Yes No If yes, give details:

54. Have you ever been placed on probation? Yes No If yes, give details:

55. Do you possess a valid driver's license from the State of North Carolina? Yes No

Driver's License Number _____ Year Issued _____

56. Do you now possess, or have you ever possessed a driver's license issued by any state other than North Carolina? Yes No

If yes, give state and number _____

57. Was your driver's license ever suspended or revoked? Yes No If yes, state which and give reasons:

58. Was your driver's license ever restored? Yes No When? _____

59. Have your driving privileges ever been restricted? Yes No If yes, give details:

CAREER OBJECTIVES

60. Briefly explain your reasons for applying for this position:

61. List special skills, training, fields of work for which you are licensed, registered, or certified, and hobbies which may be useful in the performance of the duties of the position for which you have applied:

62. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

REFERENCES

63. Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality, and other qualities.

Name	Address	Telephone
A.		
B.		
C.		
D.		
E.		

STATE OF NORTH CAROLINA

COUNTY OF _____

I hereby certify that each and every statement made on this form is true and complete and understand that any misstatement or omission of information will subject me to disqualification or dismissal. I also acknowledge that I have a continuing duty to update all information contained in this document. I will report to the employing agency and forward to the NC Criminal Justice Education and Training Standards Commission any additional information which occurs after the signing of this document.

This the _____ day of _____, 20 ____

(Signature in Full)

Subscribed and sworn before me,

this the _____ day of _____, 20 ____

Notary Public (Official Seal)

My Commission Expires: _____, 20 ____

EXCERPT FROM CLASS B MISDEMEANOR MANUAL OF TRAFFIC OFFENSES WHICH ARE NOT MINOR

20-28	Driving while license permanently revoked (20-28(b))(b) Repealed]	10/1/94 -11/12/96	1
20-28(d)(3)	Driving while license permanently revoked (3 rd offense)	5/31/02-Present	1
20-30(5)	Fictitious name or address in any application for a driver's license or learner's permit (20-35)	5/31/02-Present	2
20-37.7(e)	Special identification card (fraud or misrepresentation in application of or use thereof)	01/01/06-Present	2
20-37.8	Fraudulent use of a fictitious name for a special identification card (20-37.8(b)) [NOTE: violations of 20-37.8(b) became felonious eff. 12/1/99]	10/1/94-12/1/99	2
20-37.8	Fraudulent use of a fictitious name for a special identification card (20-37.8(e))	5/31/02-Present	2
20-63(g)	Registration of plates furnished by the Division, etc. (alteration, disguise, or concealment of numbers)	01/01/06-Present	2
20-71.4	Failure to disclose damage to a vehicle	01/01/06-Present	2
20-102.1	False report of theft or conversion of a motor vehicle	10/1/94-Present	2
20-111(5)	Fictitious name or address in application for registration	10/1/94-Present	1
20-130.1	Use of red or blue lights on vehicles prohibited (20-130.1(e))	10/1/94-Present	1
20-136.2	Air bag installation	01/01/06-Present	1
20-137.2	Operation of vehicles resembling law-enforcement vehicles (20-137.2(b))	10/1/94-Present	1
20-138.1	Driving while impaired (punishment level 1; 20-179(g) or 2 (20-179(h))	10/1/94-5/31/02	M
20-138.1(d)	Driving while impaired (punishment level 1; 20-179(g) or 2 (20-179(h))	5/31/02-Present	M
20-138.2	Impaired driving in commercial vehicle (20-138.2(e))	10/1/94-Present	M
20-141(j)	At least 15 mph over; trying to elude arrest [NOTE: Repealed paragraph (j) eff. 12/1/97; recodified under 20-141.5(a)]	10/1/94-12/1/97	1
20-141.3(a) & (c)	Unlawful racing on streets and highways	11/12/96-Present	1
20-141.5(a)	Speeding to elude arrest	11/17/99-Present	1
20-157(h)	Duty to Move Over	01/01/06-Present	1
20-166(b)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-166(c)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-166(c1)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-183.8(b1)	Inspection violation by Inspector	3/1/11-Present	3
20-279.31(b)(1)	Other violation; penalties (gives information required in a report of a reportable accident, knowing/having reason to believe information is false)	01/01/06-Present	1
20-279.31(b)(2)	Other violations; penalties (forges or without authority signs any evidence of proof of financial responsibility)	01/01/06-Present	1
20-279.31(b)(3)	Other violations; penalties (forges/offers for filing any evidence of proof of financial responsibility, knowing/having reason to believe that evidence is forged/signed without authority)	01/01/06-Present	1
20-313.1	Making false certification or giving false information	01/01/06-Present	1
20-371	Regulation of professional house moving [increased punishment from Class 3 to Class 1 misdemeanor]	3/1/11-Present	1

*Note that violations of 20-138.1 Driving While Impaired (punishment levels 3, 4 & 5) are considered Class A Misdemeanor and should also be listed in response to number 49.