

Aaron Ellenburg, Sheriff

Rutherford County

Randall Greenway, Chief Deputy



Sheriff's Office

Application for Rutherford County Sheriff's Office, Detention and Reserve Division

Requirements:

Credit History

Certified Criminal Records from Clerk of Court in every county of residence in the past 10 years, including the County where you attended High School.

The Certified Background Check must display your full name, previous names, and alias/nicknames (if applicable).

Must be Current (not over 30 days old)

County in which the High School you attended

Background check on all names (alias/nicknames)

High School Diploma or High School Transcript (Home School See Administrative Asst.)

Two or Four year Degree or Certificate

Valid NC Driver's License

Social Security Card

Birth Certificate

BLET Certificate if Applicable

DD214 Form if you were in the military (Member 4 Copy)

F-3

If you list work number you must also list cell number or home phone number

When listing references you must have valid telephone number for each person

Brief Handwritten Paragraph explaining why you are seeking employment with this agency

Copies of all the above listed items must accompany the application when delivered to the Sheriff's Office. A Criminal History report must be obtained from the Clerk of Court in each and every county the applicant has resided for the past 10 years. A Credit History may be obtained from Equifax at 1-800-685-1111 or from Equifax.com on the internet. Copies of your license, social security card, birth certificate and high school diploma/transcript can be copied at the Sheriff's Office when your application is submitted.

A Notary Public is available at the Sheriff's Office to notarize your application packet if necessary.

Applications will not be accepted if any of the above information and copies are missing

Return application in person or mail to:

Rutherford County Sheriff's Office

Attn: Front Office

198 North Washington Street * Rutherfordton, NC 28139 * (828) 287-6247 * Fax (828) 287-6196

**Authorization for Release of Personal Information
To the Rutherford County Sheriff's Office**

To Whom It May Concern:

I am an applicant for a position and / or sponsorship with the Rutherford County Sheriff's Department. In order to determine my suitability for a position and / or sponsorship, I understand that the Rutherford County Sheriff's Office must make a thorough investigation of my personal records and personal background. It is in the public's interest that all my relevant information concerning my personal and employment history by disclosed to the above agency.

Therefore, I, _____, DOB, _____, Operators License # _____, do hereby request and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal and civil courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to the authorized agent of the Rutherford County Sheriff's Office, county of Rutherford, North Carolina regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the Rutherford County Sheriff's Office from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my employment and / or sponsorship with the Rutherford County Sheriff's Office. And, I hereby release the issuing agency and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment and / or sponsorship application or investigative process has been completed, whichever is later.

A copy of this document is valid, just as the original.

I have and fully understand the above statements.

**State of North Carolina
County of Rutherford**

**Signature _____
Printed Name _____**

**Subscribed and sworn to before me,
This is the ____ day of _____, 20__.**

**Address _____
Phone number _____**

**Notary Public & Seal
My Commission Expires: _____**

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____
Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number

Best time to contact you at home is: _____:_____ ^{AM}/_{PM}

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status
Proof of citizenship or immigration status will be required upon employment. Yes No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 shift)
 Part-Time (please indicate Mornings Afternoon Evenings)
 Temporary (please indicate dates available ___/___/___ - ___/___/___)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last five years? Yes No

A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed	
	Address	From	To		
	Telephone Number(s)	Hourly Rate/Salary			
	Job Title	Supervisor	Starting		Final
	Reason for Leaving				
2.	Employer	Dates Employed		Work Performed	
	Address	From	To		
	Telephone Number(s)	Hourly Rate/Salary			
	Job Title	Supervisor	Starting		Final
	Reason for Leaving				
3.	Employer	Dates Employed		Work Performed	
	Address	From	To		
	Telephone Number(s)	Hourly Rate/Salary			
	Job Title	Supervisor	Starting		Final
	Reason for Leaving				
4.	Employer	Dates Employed		Work Performed	
	Address	From	To		
	Telephone Number(s)	Hourly Rate/Salary			
	Job Title	Supervisor	Starting		Final
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

REFERENCES

1.	()	Phone #
(Name)		
(Address)		
2.	()	Phone #
(Name)		
(Address)		
3.	()	Phone #
(Name)		
(Address)		

Sheriffs' Education and Training Standards Commission
North Carolina Department of Justice
Sheriffs' Standards Division
Telephone: (919) 779-8213
Fax: (919) 662-4515

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 should complete this form prior to beginning his/her background investigation. This form should only be completed by applicants for the position of a justice officer. It is the determination of the Commission that these questions are necessary in order to fully and adequately evaluate applicants for justice officer certification. These questions are designed to ascertain whether the applicant meets the minimum standards for certification and serves no other purpose.

*The Social Security Number is used to make a positive identification of the applicant and/or law enforcement personnel. DISCLOSURE IS VOLUNTARY. However, failure to provide this information may result in a delay in the processing of application materials and may result in inaccurate records being assigned to you.

Note: Data solicited in questions 6 and 7 will be utilized for equal employment statistical information purposes only

6. Ethnicity: African American Asian American Hispanic Caucasian Other: _____

7. Gender: Male Female _____

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

9. Do you object to working nights? Yes No

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

11. Do you object to occasionally being away from home overnight and/or for other periods of time to attend meetings, acquire training or otherwise perform official duties? Yes No

EDUCATIONAL

12. Indicate the type of High School you attended:

Traditional

Home School

GED

Distance Learning

Did not attend high school

Other: _____

A. High Schools:

NAME: _____

CITY: _____

STATE: _____

YEARS COMPLETED: _____

NAME: _____

CITY: _____

STATE: _____

YEARS COMPLETED: _____

WHEN ATTENDED: _____

GRADUATED: _____

DEGREE AWARDED: _____

MAJOR FIELD: _____

WHEN ATTENDED: _____

GRADUATED: _____

DEGREE AWARDED: _____

MAJOR FIELD: _____

B. University or Colleges:

NAME: _____

CITY: _____

STATE: _____

YEARS COMPLETED: _____

WHEN ATTENDED: _____

GRADUATED: _____

DEGREE AWARDED: _____

MAJOR FIELD: _____

NAME: _____

CITY: _____

STATE: _____

YEARS COMPLETED: _____

WHEN ATTENDED: _____

GRADUATED: _____

DEGREE AWARDED: _____

MAJOR FIELD: _____

C. Continuing Education:

NAME: _____

CITY: _____

STATE: _____

YEARS COMPLETED: _____

WHEN ATTENDED: _____

GRADUATED: _____

DEGREE AWARDED: _____

MAJOR FIELD: _____

NAME: _____

CITY: _____

STATE: _____

YEARS COMPLETED: _____

WHEN ATTENDED: _____

GRADUATED: _____

DEGREE AWARDED: _____

MAJOR FIELD: _____

RESIDENCES

13. List addresses for the past 10 years starting with present address listed first:

From: (MM/YY)	To: (MM/YY)	Address, City, State	County	Landlord

FAMILY HISTORY

NOTE: Questions included in the next section are intended to assist in the conducting of a background investigation and are not intended for use by the employing agency as disqualifying factors for employment as a justice officer

14. Marital Status:

Never Married Married Divorced Engaged Separated Widowed

15. Name of Spouse / Former Spouse(s) _____

16. A. Do you have any children born to you, adopted by you, or stepchildren? Yes No

B. If Yes, list all of your children below:

	Name	Birthdate	Relationship	With whom resides	Phone Number
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

C. Are you now supporting all these children? Yes No If NO, give details:

17. Are there persons, other than your spouse and listed children, who are presently dependent upon you for support? Yes No If YES, give details:

18. 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:

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

FINANCIAL

20. What sources of income other than salary do you have at present?

21. Have you ever been sued with a civil judgment being rendered against you? Please note this includes repossessions, evictions, executions, etc. Yes No If YES, explain:

22. Have you ever declared bankruptcy? Yes No IF YES, explain:

23. What is the total amount of all your debts at present? _____

24. What is the average monthly total of all your bills, payments, and current living expenses? _____

25. List credit references, including businesses to which you make monthly payments:

Firm / Business	Street Address	City / State	Amount Owing

WORK HISTORY

26. Have you ever been denied employment by a criminal justice agency after a conditional offer of employment was made? Yes No (If Yes, list agency name and reason.)

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

28. Have you ever been discharged or requested to resign from any position because of criminal misconduct or rules violations? Yes No (If Yes, list employer, time-frame and reason.)

29. List all jobs, positions or appointments you have held in the last ten years to include inactive, active, reserve, temporary, part-time, paid or not paid employment 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 you do not have a full ten year job history, be sure to provide an explanation.

Employer:	Address:	
Job Title:	Supervisor's Name:	Phone Number:
Date Employed (MM/YY):	Starting Salary: Per:	Ending or Current Salary: Per:
Date Separated (MM/YY):	List Major Duties in Order of Importance:	
Full Time: YRS MOS		
Part Time: YRS MOS		
If part time, hours worked per week:		
Reason for Leaving:		

Employer:	Address:	
Job Title:	Supervisor's Name:	Phone Number:
Date Employed (MM/YY):	Starting Salary: Per:	Ending or Current Salary: Per:
Date Separated (MM/YY):	List Major Duties in Order of Importance:	
Full Time: YRS MOS		
Part Time: YRS MOS		
If part time, hours worked per week:		
Reason for Leaving:		

Employer:	Address:	
Job Title:	Supervisor's Name:	Phone Number:
Date Employed (MM/YY):	Starting Salary: Per:	Ending or Current Salary: Per:
Date Separated (MM/YY):	List Major Duties in Order of Importance:	
Full Time: YRS MOS		
Part Time: YRS MOS		
If part time, hours worked per week:		
Reason for Leaving:		

Employer:	Address:	
Job Title:	Supervisor's Name:	Phone Number:
Date Employed (MM/YY):	Starting Salary: Per:	Ending or Current Salary: Per:
Date Separated (MM/YY):	List Major Duties in Order of Importance:	
Full Time: YRS MOS		
Part Time: YRS MOS		
If part time, hours worked per week:		
Reason for Leaving:		

Employer:	Address:	
Job Title:	Supervisor's Name:	Phone Number:
Date Employed (MM/YY):	Starting Salary: Per:	Ending or Current Salary: Per:
Date Separated (MM/YY):	List Major Duties in Order of Importance:	
Full Time: YRS MOS		
Part Time: YRS MOS		
If part time, hours worked per week:		
Reason for Leaving:		

Employer:	Address:	
Job Title:	Supervisor's Name:	Phone Number:
Date Employed (MM/YY):	Starting Salary: Per:	Ending or Current Salary: Per:
Date Separated (MM/YY):	List Major Duties in Order of Importance:	
Full Time: YRS MOS		
Part Time: YRS MOS		
If part time, hours worked per week:		
Reason for Leaving:		

If you need more space, attach additional sheets.

Explain periods of unemployment of three months or more, if you do not have a full ten-year job history:

MILITARY SERVICE

30. Were you **ever** in the U.S. Military service or any other military organization? (Even if you served for only one day, list this service.) Yes No **If YES, complete #31 through #38. If NO, skip to #39.**

31. What was your service number? _____

32. A. What was the highest rank you held? _____

B. What was the last rank you held? _____

33. A. What was the date and location of your first enlistment and/or commission? _____

B. List all tours of duty where a DD214 was issued.

Branch	Date Entered	Date Released

34. List all stations of assignment including active, reserve and/or National Guard (**Attach additional pages if needed.**)

Branch	Unit (Company or Ship)	Location	From (MM/YY)	TO (MM/YY)

35. What was the date and location of your last discharge from active duty? _____

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

- Uncharacterized (includes entry level separations) Yes No
- Honorable Yes No
- General (under honorable conditions) Yes No
- Under other than honorable conditions (includes undesirable) Yes No
- Bad Conduct discharge Yes No
- Dishonorable discharge Yes No
- Dismissal Yes No

37. Were you **ever** court martialed, tried on charges, or the subject of a summary court, deck court, non-judicial punishment, captains mast, company punishment, article 15, written reprimand, 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:

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

USE OF ALCOHOL

NOTE: In question #39 the word "drink" means one time or more, including experimentation.

39. Do you drink alcoholic beverages? Yes No

PRIOR CRIMINAL CONDUCT

Answer all of the following questions completely and accurately. Any falsification or misstatement of facts may be sufficient to disqualify you from certification.

NOTE: The word "used" in the following questions includes even one time use or experimentation. Applicants for the position of Justice Officer must disclose all prior criminal conduct.

40. Have you ever used any illegal drugs including but not limited to marijuana, synthetic or designer drugs, steroids, opiates, pills, heroin, cocaine, crack, LSD, etc., to include even one time use or experimentation? Yes No
(If YES, specify the circumstances, drugs used, and when the usage last occurred.)

41. Have you ever used prescription drugs other than under the supervision or as prescribed by a physician to include even one time use or experimentation? Yes No (If YES, specify what drug(s), how and from whom you received the drug(s), and when the usage last occurred).

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

43. Have you ever had a Domestic Violence Protective Order or Civil No Contact Order issued against you? (Include both ex-parte domestic violence protective orders and those entered subsequent a hearing.) Yes No
(If YES, complete the following and provide documentation of the initial allegations and the judge's findings at the hearing where both parties were present.)

Date of Issuance _____ County of Issuance: _____

Name of Plaintiff: _____

Date of Expiration: _____

NOTE: 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 the offense and disposition. Juvenile charges or arrests should also be listed.

Include all offenses other than minor traffic offenses. The following are NOT minor traffic offenses and must be listed below: DWI, DUI (alcohol and drugs), Failure to Stop in the Event of an Accident (hit and run) and Driving While License Permanently Revoked or Permanently Suspended (DWLR). Attached to this form is an additional list of North Carolina traffic offenses which should also be listed.

You must also include any and all charges and convictions regardless of whether or not the convictions were expunged pursuant to NCGS 15A-145.4, 15A-145.5, 15A-145.6, 15A-145.8A, 15A-146, or charges expunged or sealed pursuant to similar out of state laws.

44. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense?
(As used in this question, the term "charged" includes being issued a citation or criminal summons.)

Yes No (If YES, complete the following and provide documentation of each offense listed.)

A. OFFENSE CHARGED: _____
LAW ENFORCEMENT AGENCY: _____
DATE OF CHARGE: _____
DATE OF DISPOSITION: _____
DISPOSITION: _____

B. OFFENSE CHARGED: _____
LAW ENFORCEMENT AGENCY: _____
DATE OF CHARGE: _____
DATE OF DISPOSITION: _____
DISPOSITION: _____

C. OFFENSE CHARGED: _____
LAW ENFORCEMENT AGENCY: _____
DATE OF CHARGE: _____
DATE OF DISPOSITION: _____
DISPOSITION: _____

D. OFFENSE CHARGED: _____
LAW ENFORCEMENT AGENCY: _____
DATE OF CHARGE: _____
DATE OF DISPOSITION: _____
DISPOSITION: _____

**ATTACH EXTRA SHEETS IF YOU ARE LISTING MORE THAN FOUR (4) CHARGES.
CHECK HERE IF ADDITIONAL SHEETS ARE ATTACHED.**

45. 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 for 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 their civil rights restored, and under the 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 ever 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.

46. 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 the threatened use of a deadly weapon? Yes No (If YES, explain)

If so, did you commit the act(s) against a current or former spouse, parent, or guardian, or against a person with whom you share a child in common, or against a person with whom you were or are cohabiting with, or a person similarly situated to a spouse, parent, or guardian or the victim (Domestic Violence Offense)? Yes No

OFFENSE CHARGED:

LAW ENFORCEMENT AGENCY:

DATE OF CHARGE:

DISPOSITION:

47. Have you ever been charged with or convicted of a felony? **You must include any and all felony charges and convictions regardless of whether or not they were expunged pursuant to NCGS 15A-145.4 and 15A-145.5, 15A-145.6, 15A-145.8A, 15A-146, or charges expunged or sealed pursuant to similar out of state laws.**

Yes No If YES, give details:

48. Have you ever been placed on court-ordered probation? Yes No If YES, give details:

49. Have you ever paid a court-imposed fine?

Yes No If YES, give details:

50. Do you or have you ever possess(ed) a driver's license from the State of North Carolina? Yes No
License Number _____ Year Issued _____

51. Do you or have you ever possess(ed) a driver's license issued in any state other than North Carolina?

Yes No If YES, give the State and number:

State _____ License Number _____

52. A. Was your license ever suspended or revoked? Yes No If YES, give details:

B. IF Yes, was your license ever restored? Yes No If YES, state when and give details:

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

CAREER OBJECTIVES

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

55. List special skills, training, field 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:

56. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?
(Not applicable for telecommunicators)

REFERENCES

57. 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	City	State	Telephone
1.					
2.					
3.					
4.					
5.					

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 misstatements or omission of information may 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 Sheriffs' 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 TO BEFORE ME,

THIS THE _____ DAY OF _____, 20 _____

(SIGNATURE IN FULL)

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 (3rd 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(c))	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 44.