



Municipality of Carlisle

760 Central Avenue, Carlisle, Ohio 45005
Phone: 937-746-0555 Fax: 937-743-8178
www.carlisleoh.org

Date of Application: _____

Employment Application

APPLICANTS MUST COMPLETE THE ENTIRE EMPLOYMENT APPLICATION FORM
EVEN IF A RESUME IS ATTACHED

Title of position for which you are applying: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Phone: _____
Home Work Cell

Social Security Number: _____ Driver's License #: _____

If you are under 18 years of age, can you furnish a work permit? _____ Yes _____ No
Have you been employed here before? _____ Yes _____ No
Are you legally eligible for employment in this country? _____ Yes _____ No
(Proof of U.S. citizenship or immigration status will be required upon employment)

Date available for work: _____ Salary expected: _____

Type of employment desired: _____ Full Time _____ Part Time _____ Temporary _____ Seasonal

Will you submit to any pre-employment testing designed to determine whether you are able to perform the essential functions of the job for which you are applying? _____ Yes _____ No

EDUCATION	High School	College/University	Graduate/Professional
School Name			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Did you Graduate?	Yes No	Yes No	Yes No
Course(s) of Study			
Describe any Specialized Training and Skills			

Based upon your education and experience, please describe the skills, knowledge, and abilities which qualify you for this position:

EMPLOYMENT HISTORY

Employer: _____ Job Title: _____

Employer Address: _____ Employer Phone: _____

Immediate Supervisor: _____ May We Contact?: ☐ Yes ☐ No

Dates of Employment: From: _____ To: _____ Annual Salary: _____

Describe Duties of Position: _____

Reason for Leaving: _____

Employer: _____ Job Title: _____

Employer Address: _____ Employer Phone: _____

Immediate Supervisor: _____ May We Contact?: ☐ Yes ☐ No

Dates of Employment: From: _____ To: _____ Annual Salary: _____

Describe Duties of Position: _____

Reason for Leaving: _____

Employer: _____ Job Title: _____

Employer Address: _____ Employer Phone: _____

Immediate Supervisor: _____ May We Contact?: ☐ Yes ☐ No

Dates of Employment: From: _____ To: _____ Annual Salary: _____

Describe Duties of Position: _____

Reason for Leaving: _____

Are you now employed? ____ Yes ____ No ____ Full Time ____ Part Time

Were you discharged or asked to resign from any position that you have held? ____ Yes ____ No

If yes, please state circumstances: _____

Have you ever been convicted of a felony? ____ Yes ____ No

If yes, please give the nature of the offense, the date of conviction, the penalty imposed for the offense, and the date of release from prison, if applicable. Please note that a conviction received will not necessarily be a bar to employment.

The Municipality of Carlisle tests its employees for drug use.

Will you voluntarily submit yourself for drug testing when requested? ____ Yes ____ No

Do you have any relatives employed by the Municipality of Carlisle? ____ Yes ____ No

If so, what is the relationship, their name, and the department which they are presently employed?

The Municipality of Carlisle is an EQUAL OPPORTUNITY EMPLOYER

EQUAL OPPORTUNITY EMPLOYER

Our Municipality government accepts for employment and promotes its employees without regard to race, color, religion, sex, age, marital status, national origin, ancestry, physical or mental handicap unrelated to ability of an individual, or an unfavorable discharge from military service, and bases appointments and promotions on merit, experience, and other qualifications applied fairly to all applicants and in accord with state and federal law.

I certify that the information contained in this application is true to the best of my knowledge and belief. I understand that any misrepresentation of fact, as stated or implied, on this or any other employment form, will be sufficient reason not to hire me and will be cause for my dismissal.

I understand the Municipality is in no way obligated to provide employment and that I am in no way obligated to accept employment. This application does not bind either party for a specific period of time regarding employment and the statements herein do not constitute any sort of contract of employment.

I understand that an investigative consumer report may be made concerning my character, general reputation, personal characteristics, and mode of living. Upon written request within a reasonable period of time, I can obtain from the Municipality a written disclosure of the nature and scope of the investigation requested.

I hereby authorize those parties to whom this document (or a reproduction of this document) is presented to make full disclosure of any and all records, reports, and related documents or information that would reflect favorably or unfavorably upon my application for a position with the Municipality of Carlisle. In addition, I authorize those parties to conduct a credit check, drug and alcohol testing, pre-employment physical, and psychological examination. I further release from liability any person or persons, office, or institution so providing aforementioned information in connection with the pre-employment investigation. I also specifically waive any right I may have to written notice from my former employer, references, or schools prior to the release of any of my employment information to the Municipality.

Signature of Applicant

Social Security Number

Date

BACKGROUND RESEARCH RELEASE

Please read this section carefully and acknowledge your understanding by signing your name in the space below.

I certify that all of the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge.

1. Consent To Conduct Background Investigation

As a condition of and in consideration for the City of Carlisle's (herein referred to as the "City") consideration of this application, I give permission to the City to investigate my personal and employment history and my driving record. I further understand and agree that the City may investigate my driving record on an ongoing basis. I understand that this background investigation will include, but not limited to, verification of all information on this application, as well as interviews with past employers. I further give permission to the City to conduct this investigation and to discuss the results of this investigation in connection with my application for employment.

2. Consent To Contact Past Employers

I give permission to the City to contact all employers listed in this application (except those specifically excluded) for reference. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with the City, consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of the City. I further waive all rights I may have under state law to receive a copy of any written statement provided by any of my journey employers to the City. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

3. Consent To Contact Government Agencies

I give permission to any agent, attorney or representative of the City to receive a copy of any information obtained in the file of any federal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and waive any right under state law concerning notification of the request for a release of such information. In the event a state law does not provide for prospective employers to have access to information, I hereby delegate the City as my agent for receipt of information. I understand that the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity and/or abilities.

Authorization and General Release

The undersigned _____ (name of applicant) in connection with this application, authorize all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, military services and former employers to release information they may have about me to the City of Carlisle or its agents and releases them from any liability or responsibility from doing so. Further, I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation. I understand that this notice will also apply to any future update reports that may be requested.

Applicant's Signature

(Witness's Name), Witness (Municipality of Carlisle)

Date

**THIS PAGE TO BE SIGNED IN THE PRESENCE OF AN EMPLOYEE OF THE
MUNICIPALITY OF CARLISLE.**



MUNICIPALITY OF CARLISLE, OHIO
EQUAL EMPLOYMENT OPPORTUNITY STATISTICAL SUPPLEMENT

Applicants for employment are requested, **but not required**, to provide the following supplementary data. Availability of this data assists in the maintenance of an Equal Employment Opportunity Program. Please **DO NOT** place your name on this form.

This information helps us comply with government record keeping, reporting, and other legal requirements and will be kept in a **Confidential File** separate from the Application for Employment. We appreciate your cooperation.

This form is completely voluntary and does not affect your employment status.

1. Position Applied For: _____
2. Date of Application: _____
3. Birthdate: _____
4. Age: _____
5. Gender: _____ M _____ F
6. Marital Status: _____ Single _____ Married _____ Widowed _____ Separated _____ Divorced
7. Height: _____ ft. _____ in.
8. U.S. Citizen? _____ Yes _____ No
9. Warren County Resident? _____ Yes _____ No
10. Municipality of Carlisle Resident? _____ Yes _____ No
11. Race or Ethnic Origin: _____ Caucasian _____ Hispanic _____ Asian _____ African-American
_____ Pacific Islander _____ Other _____
12. Religious Affiliation: _____
13. How did you learn about job possibilities with the Municipality of Carlisle?
_____ Friend _____ School _____ Internet Search Engine _____ Municipality Website
_____ Dayton Daily News _____ Journal News _____ OML Newsletter _____ Municipality Employee
_____ Municipality Newsletter _____ Social Media/Carlisle Facebook Page _____ Cable TV

PLEASE DO NOT PLACE YOUR NAME ON THIS FORM

CARLISLE POLICE DEPARTMENT

An Equal Opportunity Employer

PERSONAL HISTORY QUESTIONNAIRE

PERSONAL HISTORY OF: _____
(Last Name) (First) (Middle)

ADDRESS: _____
(Street Address)

(City-State) (Zip Code) PHONE: _____
(Include Area Code)

POSITION APPLIED FOR: Police Officer
Other - Specify _____

DATE THIS QUESTIONNAIRE COMPLETED: _____

INSTRUCTIONS

This Personal History Questionnaire is intended for the use of the Carlisle Police Department and/or Personnel Administrator. You must be truthful and complete all answers requested on this form. All information contained herein will be subject to verification, i.e., **Source Documentation, CVSA Test and Screening Procedures.**

The answers to questions contained in this questionnaire must be printed, in your own hand, legibly in **BLACK INK ONLY**. Each individual question must be answered, **THERE CAN BE NO BLANKS**. If a question Does Not Apply to your particular circumstance, insert "DNA" in that blank. When answering questions that require dates, insert the full date, partial month-year responses are unacceptable. You must provide complete address information when requested. Partial address responses are unacceptable.

WARNING

Applicants are cautioned to answer every question truthfully, completely, and without evasion for omission. Both the Ohio Revised Code and Rules and Regulations of the City of Carlisle provide penalties for making a false statement of a material fact or for practicing any fraud or deception in obtaining or attempting to obtain municipal employment. Such penalties include rejection for appointment or discharge after appointment and/or prosecution under the Ohio Revised Code Section 2921.13.

PERSONAL RECORD - SECTION I

PERSONAL RECORD SECTION I									
Legal Last Name			First			Full Middle Name			
By What Other Names Have You Been Known? (Maiden Name, Former Married Names, Aliases, Nicknames Etc.)						Residence Phone and Area Acode			
Residence Address (Number, Street, Apt., City, County, State and Zip Code)						Social Security Number			
Height		Weight		Color Hair		Color Eyes			
Ohio Drivers Lic. No.		Type	Expiration Date		Out of State Operators Lic. No.		Type	State or Terr.	Expiration Date
Name of Present Spouse (First-Middle)			Maiden Name (If Applicable)			Spouse's Social Security Number			
Height	Weight	Name and Address of Spouse's Employer							
Father	(Last, First, Middle) & Date of Birth			Address (Number, Street, City, State, Zip Code) (If deceased, Date of Death)				Age	
Mother (Maiden Name First, Former Married Names)	(Last, First, Middle) & Date of Birth			Address (Number, Street, City, State, Zip Code) (If deceased, Date of Death)				Age	
List any Birthmarks, Blemishes, Tattoos, that you may have									
List your children:									
Son Daughter	Name (Last, First, Middle)			Birth Date		Birth Place (City and State)			
Address (If different from yours)				Relationship to You Natural Step Foster		Relationship to You Natural Step Foster			
Son Daughter	Name (Last, First, Middle)			Birth Date		Birth Place (City and State)			
Address (If different from yours)				Relationship to You Natural Step Foster		Relationship to You Natural Step Foster			
Son Daughter	Name (Last, First, Middle)			Birth Date		Birth Place (City and State)			
Address (If different from yours)				Relationship to You Natural Step Foster		Relationship to You Natural Step Foster			
Son Daughter	Name (Last, First, Middle)			Birth Date		Birth Place (City and State)			
Address (If different from yours)				Relationship to You Natural Step Foster		Relationship to You Natural Step Foster			
List your relatives in the following order:									
1. Brothers 2. Sisters 3. Step-Mother 4. Step-Father 5. Step-Brothers 6. Step-Sisters 7. Father-in-Law 8. Mother-in-Law 9. Sisters-in-Law 10. Brothers-in-Law									
Relationship	Name (Last, First, Middle)			Address (Number, Street, City, State, Zip Code)				Age	

PERSONAL RECORD (Continued)

1. Are you now supporting all dependents that you are required to support? Yes No			
2. Have you ever been sued for alimony payments? Child support? Non-payment of Debts or Fraud? If yes, give the name of the court in which you were sued and the court number of the lawsuit.		Yes	
		No	
3. Previous Marriages: (If previously married, provide the following.)			
Where Married (City, County, State)	Name of Ex-Spouse (Maiden Name)	If Dissolved or Divorced (City, County, State)	Date Finalized

PREVIOUS RESIDENCES RECORD - SECTION II

Addresses, since age 15. Account for all time spans with the most recent address first and descending in order there from. Include all Military addresses, listing the nearest city in proximity to the base if you resided on base. If renting or leasing, include the agent or management company to who you pay rent to.

From (Month-Year) to (Month-Year)	Address (No.-Specify N.S.E.W.-St-Pl-Dr-City-State-Zip Code)	With whom did you live?	Relationship

REFERENCES: Fill in below the names of three adults not related to you and not former employers, who have known you for a period of preferably more than five years.

1. Name		Home Address (City, State, Zip-Code)	Home Phone (Area Code - Number)
Years Known	Business, Occupation or Profession	Business Address (City, State, Zip-Code)	Business Phone (Area Code - Number)
2. Name		Home Address (City, State, Zip-Code)	Home Phone (Area Code - Number)
Years Known	Business, Occupation or Profession	Business Address (City, State, Zip-Code)	Business Phone (Area Code - Number)
3. Name		Home Address (City, State, Zip-Code)	Home Phone (Area Code - Number)
Years Known	Business, Occupation or Profession	Business Address (City, State, Zip-Code)	Business Phone (Area Code - Number)

FINANCIAL RECORD - SECTION III

1. Are you now delinquent in any financial obligation? ☐ Yes ☐ No
(If yes, explain on last page.)
2. Do your monthly bills exceed your take-home pay? ☐ Yes ☐ No

3. **INDEBTEDNESS:** Involving you, your spouse, or your ex-spouses for which you are liable.

To Whom Owed 4.	Address	Date Incurred	Original Amount	Amount Due	Monthly Payment
5.					
6.					
7.					
8.					
9.					

Name and location of your bank	Checking Account
10.	Savings Account

Year, Make, Body Type, & License No. of your present vehicles 11.	Date Purchased	Name of Legal Owner
12.		

When answering the questions below: If there are any "Yes" blocks checked, explain fully on the continuation sheet, citing the reference and page numbers. Be complete on all explanations requested.

13.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you, your spouse or ex-spouses have any immediate civil action pending against you?
14.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If employed by the police department, do you anticipate any income other than your police salary?

WORK HISTORY - SECTION IV

Have you ever applied for a position with any law enforcement or other government agency? ☐ Yes ☐ No

Name of Department or Agency	Date Applied	Accepted	If no, give reason for rejection or declining of appt.
1.		Yes No	
2.		Yes No	
3.		Yes No	
4.		Yes No	
5.		Yes No	
6.		Yes No	
7.		Yes No	
8.		Yes No	
9.		Yes No	

WORK HISTORY - SECTION IV (Continued) **EMPLOYMENT**

Begin with your most recent job and list your complete work history in chronological order. Include in sequence all part-time jobs, periods of unemployment and military service. When listing military service, substitute for the name and address of immediate supervisor the name, address and rank of the last commissioned officer who was your immediate commissioned superior and substitute for the name and address of co-worker, the name and address of a non-commissioned officer with whom you served. When listing periods of unemployment, indicate dates in space provided. In the block designated "Name of Employer" write-in unemployed. In the block designated "Reason for Leaving" indicate from what source you received income during that period of unemployment. Address information must be complete - street, apt. or suite, city, state, and zip-code.

May we contact your present employer? ☐ Yes ☐ No (If no, explain on last page)

If presently unemployed, indicate so in first block.

Have you ever been discharged or asked to resign from a job? Yes No If yes, explain fully on last page.

From Date	Name of Employer	Job Title	List hours worked and days off on present job.
To Date	Address of Employer	Description of Duties	
Total Time Exp.	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone of Co-Worker
From Date	Name of Employer	Job Title	List hours worked and days off on present job.
To Date	Address of Employer	Description of Duties	
Total Time Exp.	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone of Co-Worker
From Date	Name of Employer	Job Title	List hours worked and days off on present job.
To Date	Address of Employer	Description of Duties	
Total Time Exp.	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone of Co-Worker
From Date	Name of Employer	Job Title	List hours worked and days off on present job.
To Date	Address of Employer	Description of Duties	
Total Time Exp.	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone of Co-Worker

WORK HISTORY - SECTION IV (Continued)

From Date	Name of Employer	Job Title	List hours worked and days off on present job.
To Date	Address of Employer	Description of Duties	
Total Time Exp.	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone of Co-Worker

From Date	Name of Employer	Job Title	List hours worked and days off on present job.
To Date	Address of Employer	Description of Duties	
Total Time Exp.	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone of Co-Worker

From Date	Name of Employer	Job Title	List hours worked and days off on present job.
To Date	Address of Employer	Description of Duties	
Total Time Exp.	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone of Co-Worker

From Date	Name of Employer	Job Title	List hours worked and days off on present job.
To Date	Address of Employer	Description of Duties	
Total Time Exp.	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone of Co-Worker

From Date	Name of Employer	Job Title	List hours worked and days off on present job.
To Date	Address of Employer	Description of Duties	
Total Time Exp.	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone of Co-Worker

From Date	Name of Employer	Job Title	List hours worked and days off on present job.
To Date	Address of Employer	Description of Duties	
Total Time Exp.	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone of Co-Worker

MILITARY AND EDUCATIONAL RECORD - SECTION V

Military

Present Draft Board Address (Street City, State, Zip-Code)		Draft Board No	Present D B Class
Branch of Service (Army, Navy, etc.)	Unit (Tank Corps, Engineers, Medics, Etc.)	Military Serial No.	
Military Active Duty Dates (Do not include short reserve tours of 90 days or less.) From To	Highest Military Rank or Rate Held	Type of Separation	
Total Months of Combat Duty	Total Months of Overseas Duty	Military Reserve Status Ready Standby None	

1. Were you ever court-martialed, tried on charges, or subject of a summary court martial, captains mast, article 15, company punishment, or any other disciplinary action while in the armed services? ☐ Yes ☐ No (If yes, explain on last page.
2. Have you ever taken a General Educational Development "GED" Test? ☐ Yes ☐ No

Educational

CIRCLE THE HIGHEST GRADE COMPLETED					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Other
List each Grammar, Jr. High, High School, Trade, Part-Time, Night School, Business College and University that you have attended. Start with the most recent school attended.																					
Name of School	Location of School (City & State)	Graduate		Degrees or Number of Units																	
		Yes	No																		

Miscellaneous

GENERAL INFORMATION INQUIRY - SECTION VI

NOTICE: The following questions and answers will be verified through the use of the CVSA (Voice Stress Analysis). If the answer to any of the following is YES - it will be necessary for you to explain, in detail, on the continuation sheet provided. Full and comprehensive explanations are required.

1.	If it became necessary in the course of your police duties to take a human life, would you have any reluctance to do so because of religious or other beliefs? <u>Police Officer Applicants only need answer this question.</u>	Yes	No
2.	Have you ever committed a felony for which you were never arrested or convicted?	Yes	No
3.	Have you ever been placed on or served in a criminal diversion type program that led to the eventual dismissal of any criminal charges?	Yes	No
4.	Have you ever been convicted of a felony?	Yes	No
5.	Have you ever been convicted of a misdemeanor that had been reduced from original felony charges?	Yes	No
6.	Have you ever been convicted of any criminal offense? i.e., theft offenses, assault and battery, wrongful influence of a minor, disorderly conduct, gambling, drug offense, sex offenses, offenses involving immoral or indecent conduct, fraud, trespassing, conversion of trust, offense involving military justice, or any other criminal offenses?	Yes	No
7.	Have you ever been convicted of any traffic offense? i.e., operating a motor vehicle while under the influence of alcohol or drugs, reckless operation, hit skip, vehicular homicide, speeding, drag racing, willfully fleeing or eluding police, operating an unsafe vehicle, driving without a license, passing a school bus receiving or discharging passengers, or any other traffic offense, excluding parking and equipment violations?	Yes	No
8.	As an adult, have you ever stolen anything?	Yes	No
9.	Have you ever bought or sold any property that you knew was stolen?	Yes	No
10.	Has your driver's license ever been suspended or revoked?	Yes	No
11.	Have you ever been committed to any penal institution as a result of either a felony or misdemeanor conviction?	Yes	No
12.	Are you presently under indictment or a defendant in any pending criminal traffic or civil actions?	Yes	No
13.	Have you ever sold, been party to the sale, or in any other way been financially rewarded due to the sale of any controlled substances or prescription drugs or any other substance purported to be a controlled substance?	Yes	No
14.	Have you ever applied for and received unemployment compensation. The amounts of which you were not eligible to receive?	Yes	No
15.	Are you now, or have you ever, received any type of governmental support such as welfare, A.D.C., housing subsidy payments, medical or educational loans or grants that you were not eligible for, received in a fraudulent manner or after receiving became ineligible for but continued receiving?	Yes	No
16.	Do you have any hatreds or prejudices toward others because of their race, sex, national origin, religion or color that would be detrimental to your functioning as a police officer?	Yes	No
17.	Do you have any problems because of gambling?	Yes	No
18.	Do you have any problem controlling your temper?	Yes	No
19.	Have you ever been involved in an automobile accident?	Yes	No

ALL APPLICANTS MUST SIGN THE FOLLOWING CERTIFICATE

I certify that the statements contained in this questionnaire are true to the best of my knowledge. I understand that any false statements, omissions, or incomplete answers made in this questionnaire may be cause for disapproval of my appointment or for discharge after appointment. I further realize that any falsehoods may subject me to prosecution under Ohio Revised Code Section 2921.13.

Signature of Applicant: _____ Date: _____

CONTINUATION SHEET

NOTE: In utilizing this section to explain or further add to answers, make reference to the particular **Section #, Page #, and Question #, in the column provided below, before proceeding to answer.** Your answers must be clear in meaning, explain all facets of the particular question.

CAUTION: In signing the certificate (bottom of previous sheet), you are attesting to the validity of all answers noted within this continuation, as well as all areas of this **Questionnaire.** Should you require further space, attach an 8 ½ x 11 inch sheet of plain paper.

[illegible]

[illegible]



Motor Vehicle Record Classifications

Motor Vehicle Record standards are based upon accidents and violations over the most recent three year period. Violations and not points are evaluated by underwriters. An at-fault accident is identifiable on an MVR when the accident date is the same as a violation date. All accidents will show on record regardless of fault. MVR classifications are as follows:

0 violations / 0 accidents	Acceptable
1 moving violation	Acceptable
2 moving violations	Borderline
3 moving violations	Unacceptable
1 at-fault accident	Acceptable
2 at-fault accidents	Unacceptable
Combination of 1 moving violation & 1 at-fault accident	Borderline
Combination of 2 or more moving violations and 1 at-fault accident	Unacceptable
Driving under the influence of drugs or alcohol	Unacceptable
Refusal to submit to blood alcohol or breathalyzer test	Unacceptable
Driving while impaired	Unacceptable
Reckless operation	Unacceptable
Current license suspension or revocation	Unacceptable
Felony violation involving the use of a motor vehicle	Unacceptable
Hit and run violation	Unacceptable
Fleeing or eluding a police officer	Unacceptable
Expired license	Unacceptable