

APPLICATION FOR STATE CONSTABLE'S COMMISSION

S.C. LAW ENFORCEMENT DIVISION
 POST OFFICE BOX 21398
 COLUMBIA, SOUTH CAROLINA 29221-1398

Group I Group III
 Group II

AD# _____

NOTICE: Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If no, indicate NA (not applicable). Applications which are not complete and legible will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.	DATE: _____
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I. PERSONAL HISTORY

1. Name in Full (Last, First, Middle) _____	2. List all other names you have used including nicknames; if female, furnish maiden name. If you have ever used any surnames other than your true name, during what period and under what circumstances were these names used? If you have ever legally changed your name, give place and court.
3. Birth Date (Month, Day, Year) _____ 4. Place of Birth (City, State) _____	5. Are you a U.S. Citizen? ___ Yes ___ No Derivative? ___ Yes ___ No Naturalized? ___ Yes ___ No Naturalization # _____ Place _____ Court _____ <i>If Naturalized, Attach a Copy of Naturalization Papers</i>
6. Social Security Number _____	Race _____ Sex _____ Height _____ Weight _____ Eyes _____ Hair _____

PLEASE NOTE: THE INFORMATION REQUESTED IN ITEM (6) IS NECESSARY IN ORDER TO OBTAIN AN ACCURATE CRIMINAL HISTORY CHECK

7. Driver's License No. _____ State Licensed _____	8. Are you a resident of South Carolina? ___ Yes ___ No 9. SC Voter Registration Number _____ NOTE: MUST BE REGISTERED TO VOTE TO RECEIVE COMMISSION
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II. MARITAL STATUS

___ Single	___ Married Date _____	Place of Marriage _____	No. of Children _____
___ Widowed	___ Divorced Date _____ ___ Separated	Place of Divorce or Legal Separation _____	Court _____

III. RESIDENCES

a. Present Residence Address: (Street, city, state, zip code) _____	Telephone numbers: Residence: _____ Business: _____ Mobile Phone: _____
b. Complete address to which you wish mail or telegram sent (include zip code and telephone number if different from above.) _____	

List chronologically ALL of your residences in the past 10 years (including addresses while attending school (if away from the home) and all military addresses including any off military base).

Dates

From	To	Street Address	City	State	Zip

IV. EDUCATION

Calendar Years Attended

	Name and Location	From	To	Circle Last Year Completed	Major Course Of Study	Did You Graduate	If Yes, Certificate or Degree Received
High School				9 10 11 12			
College				1 2 3 4			
Graduate School				1 2 3 4			
Technical School				1 2 3 4			
Other				1 2 3 4			

Specialized Schools

Name and Address of School	Study or Specialization	From	To

4. Were you ever dismissed from a school, or was any disciplinary action ever taken against you during your scholastic career? ___ Yes ___ No

_____ School _____ Date _____ Action

V. EMPLOYMENT HISTORY

NOTE: LIST LAST POSITION FIRST. Include chronological history of employment starting with current or most recent position. Account for all periods including casual employment and all periods of unemployment. Be sure to include military experience, if applicable. A resume of your employment will not be accepted in lieu of this information. Attach additional sheets as needed.

I. PRESENT OR LAST EMPLOYMENT (GIVE COMPLETE MAILING ADDRESSES AND ZIP CODES)

Employer _____ Immediate Supervisor _____
 Employer's Address (Street, City, State, Zip) _____
 Telephone No. _____ Date Employed _____ Date Separated _____
 Job Title/Work Description _____ Starting Salary _____ Ending Salary _____
 Reason for Leaving _____

II. PREVIOUS EMPLOYMENT

Employer _____ Immediate Supervisor _____
 Employer's Address (Street, City, State, Zip) _____
 Telephone No. _____ Date Employed _____ Date Separated _____
 Job Title/Work Description _____ Starting Salary _____ Ending Salary _____
 Reason for Leaving _____

III. PREVIOUS EMPLOYMENT

Employer _____ Immediate Supervisor _____
 Employer's Address (Street, City, State, Zip) _____
 Telephone No. _____ Date Employed _____ Date Separated _____
 Job Title/Work Description _____ Starting Salary _____ Ending Salary _____
 Reason for Leaving _____

IV. PREVIOUS EMPLOYMENT

Employer _____ Immediate Supervisor _____
 Employer's Address (Street, City, State, Zip) _____
 Telephone No. _____ Date Employed _____ Date Separated _____
 Job Title/Work Description _____ Starting Salary _____ Ending Salary _____
 Reason for Leaving _____

Have you ever been dismissed or asked to resign from any employment or position you have held? _____ Yes _____ No If your answer is "Yes", set forth your explanations on an attached sheet indicating the name of the company, your dates of employment and the reason(s) for your dismissal/resignation.

VI. MILITARY RECORDS

1. Are you registered for Selective Service? Yes No Location: City and State _____
2. Have you ever served on active duty in the Armed Forces of the United States? Yes No
3. Branch of Military Service _____ Type of Discharge _____ Basis _____
4. Dates of Active duty (month, day, year) From _____ To _____ 5. Serial Number _____
6. Member of Reserve? Yes No Ready Standby Branch of Service _____ 7. Was any type of disciplinary action taken in the service? Be sure to include non-judicial punishment(s), if applicable. Yes No Details _____
8. National Guard: Present Former None. If you are a drilling member of the N.G., give name of unit & location _____

VII. REFERENCES

Give three references (not relatives, former or present employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women including your physician, if you have one, who have known you well for at least five years, preferably those who have known you during the past five years. If retired, give former occupation.

Complete Name _____ Years Known _____
 Home Phone _____ Business Phone _____ Occupation _____
 Home Address _____
 Business Address _____

Complete Name _____ Years Known _____
 Home Phone _____ Business Phone _____ Occupation _____
 Home Address _____
 Business Address _____

Complete Name _____ Years Known _____
 Home Phone _____ Business Phone _____ Occupation _____
 Home Address _____
 Business Address _____

VIII. FOREIGN TRAVEL – (MILITARY SERVICE, RESIDENCE, VISIT)

1. Have you ever visited or resided in any foreign country (including travel in the Armed Forces of the U.S.? Yes No

Passport Number _____ Date/Place Issued _____

Country Visited	From Month/Yr	To Month/Yr	Reason for Travel

IX. COURT RECORD

1. Have you ever been arrested or charged with any violation including traffic, but excluding parking tickets? Yes No. To your knowledge, has any member of your immediate family ever been convicted of any offense other than traffic violations? Yes No. If so, list all such matters even if not formally charged or no court appearance, or found not guilty, or matter settled by payment of fine or forfeiture of collateral. Note: An affirmative answer will not necessarily disqualify you from consideration.

Date	Place and Department	Charge	Court and Place	Disposition	Details
Relatives Name	Place and Department	Date/Charge	Court and Place	Disposition	Details

2. Have you ever been a plaintiff or defendant in a court action? Yes No. If so, give date, place, court, names of parties involved, nature of action, and final disposition. NOTE: An affirmative answer will not necessarily disqualify you from consideration.

X. FINANCIAL STATUS

1. Do you have any sources of income other than your salary or that of your spouse? Yes No
 If "Yes", identify source and the amount that you receive from each such source. _____

2. Are you indebted to anyone? Yes No (Note: List any debt over \$100. Be sure to indicate student loans and charge accounts. Also list any debt, regardless of the amount, where payment is past due.)

Creditor	Address	Amount	Loan or Account Number

3. Have you ever been in or petitioned for bankruptcy? Yes No
 If your answer is "Yes" to the above, give particulars, including court/date. _____

XI. SPECIAL QUALIFICATIONS AND SKILLS

1. Do you have foreign language ability? Yes No. If "Yes", indicate your proficiency in each phase of each foreign language, listed as "Slight", "Good", or "Fluent".

Name of Language	Speak	Understand	Read	Write

2. Are you a member of the bar? Yes No Date _____ State(s) _____ 3. Are you a CPA? Yes No

Date _____ State(s) _____ 4. Are you a licensed aircraft pilot? Yes No Rating(s) _____

XII. RELATIVES

All applicants must give complete information concerning their relatives. If you have been married more than once, give the requested information concerning each former husband or wife. Even though a parent is deceased, give all the information requested, and indicate last residence and year of death. Include stepbrothers and sisters, half brothers and sisters. If you have step-parents, legal guardians, or others who have reared you instead of your parents, the requested information should be furnished concerning them, as your real parents.

FATHER: Last, First, Middle Name _____

Address _____ Occupation _____

Names & Address of Employer _____

MOTHER: Last, First, Middle Name _____

Address _____ Occupation _____

Names & Address of Employer _____

SPOUSE: Last, First, Middle Name _____

Address _____ Occupation _____

Names & Address of Employer _____

Birth Date _____ Place of Birth _____

FORMER SPOUSE: Last, First, Middle Name _____

Address _____ Occupation _____

Names & Address of Employer _____

Birth Date _____ Place of Birth _____

CHILDREN (List names and ages) _____

BROTHERS/SISTERS (List names and ages) _____

OTHER INDIVIDUALS WITH WHOM YOU HAVE RESIDED OVER A PERIOD OF 30 DAYS OR MORE: Indicate relationship. Include roommates for the last five years only.

Last, First, Middle Name _____

Address _____ Occupation _____

Names & Address of Employer _____

Birth Date _____ Place of Birth _____

XIII. RELATIVES EMPLOYED BY THE STATE OR FEDERAL GOVERNMENT

List the complete names of any of your close relatives (including in-laws) who are employed by the state of South Carolina, including SLED.

Complete Name	Relationship	Agency by Which Employed	Location

XIV. FRIENDS OR ACQUAINTANCES EMPLOYED BY THE STATE OR FEDERAL GOVERNMENT

Complete Name	Location	Length of Acquaintance

XV. PHYSICAL DATA

1. Do you now have or have you ever had any of the following: nervous; mental or emotional disorder of any sort; hypertension; tuberculosis; epilepsy; fainting spells or severe headaches; diabetes; ulcers; rheumatic fever or heart disease; or asthma? Yes No. If "Yes", describe, giving date(s) of illness(es), attending physician, and hospital or institution where treated (if applicable).

2. Do you now have or have you ever had any chronic or serious illnesses; or have you ever had any serious operations or injuries? Yes No. If "Yes", describe, giving date(s) of illness(es), or operation(s), attending physician, and hospital or institution where treated (if applicable).

From Month/Yr	To Month/Yr	Hospital	Location	Reason

3. Describe any past or present physical handicap, or disability, not previously covered, but including extent of defective vision, if any, with and without glasses and deficiencies in color vision and hearing. Have you ever undergone radial keratotomy? Yes No. If "Yes", give date(s), attending physician(s) and location(s) where procedure was performed.

<table style="width: 100%;"> <tr><td style="width: 50%; text-align: center;">Corrected</td><td style="width: 50%;">20/_____</td></tr> <tr><td style="text-align: center;">Uncorrected</td><td>20/_____</td></tr> </table>	Corrected	20/_____	Uncorrected	20/_____	RIGHT EYE	<table style="width: 100%;"> <tr><td style="width: 50%; text-align: center;">Corrected</td><td style="width: 50%;">20/_____</td></tr> <tr><td style="text-align: center;">Uncorrected</td><td>20/_____</td></tr> </table>	Corrected	20/_____	Uncorrected	20/_____	LEFT EYE
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4. Have you ever received, is there pending, have you applied for, or do you intend to apply for pension or compensation for any disability? Yes No. If "Yes", specify what kind, granted by whom, and what amount, when, why. If applicable, include Veteran's Administration claim number.

5. Do you have any physical defects such as, but not limited to, a bone, joint or other deformity or loss of finger, which would preclude unrestricted, regular participation in all phases of firearms training, physical training and defensive tactics? Yes No. If "Yes", describe:

Note: An affirmative answer to any or all questions 1-5 will not necessarily disqualify you from consideration.

XVI. PERSONAL DECLARATIONS

1. Do you use or have you ever used intoxicants? Yes No. 2. If so, to what extent? _____

3. Do you use or have you ever used such items as marijuana, hashish, cocaine, LSD, amphetamines, heroin, or drugs of a similar nature? Yes No.

4. If answer to Question 3 above is "Yes", complete the following items for each drug used:

- a. Drug _____ b. How taken _____
- c. Circumstances _____ d. How many times used _____ e. First time used _____ f. Last time used _____

5. List the names of all federal, state or local government departments, agencies, or offices (including law enforcement) to which you have applied for employment.

6. If to your knowledge any of the above have conducted an investigation of you, indicate the name of the agency and the approximate date of the investigation.

7. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which is totalitarian, fascist, communist, or subversive or which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the U.S. by unconstitutional means? Yes No. (If answer to any of these is "Yes", explain fully.)

8. Do you or any member of your immediate family engage in employment or take an active part in the management, direction or operation of any business, trade or profession or have any financial interest in any business, trade or profession which might pose a conflict of interest with your being a State Constable? Yes No. (If answer to any of these is "Yes", explain fully.)

9. An investigation will be conducted of all information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or have been closely associated (including relatives and roommates) which might tend to reflect unfavorably on your reputation, morals, character, ability or loyalty to the United States? Yes No. If "Yes", please attach a separate piece of paper, appropriately numbered, giving your version of this/these incident(s).

10. Have you previously applied for or held a State Constable's Commission? Yes No. If yes, give date _____

XVI. PERSONAL DECLARATIONS (CONT'D)

11. If appointed as a State Constable, are you willing to assist any law enforcement agency in South Carolina if called upon to do so? ___ Yes ___ No.
12. Have you ever applied for or received any other type of law enforcement commission? ___ Yes ___ No. If "Yes", give dates and details _____
13. Do you currently hold any elected or appointed government position? ___ Yes ___ No. If "Yes", state position _____
14. Have you had any prior law enforcement training? ___ Yes ___ No. If "Yes", give type of training, date, location and duration _____
15. Are you currently involved in any private security and/or private detective work? ___ Yes ___ No. If "Yes", give details _____
16. Do you currently have a financial interest in any private security and/or private detective agency? ___ Yes ___ No. If "Yes", give name of company and state your interest, stockholder, etc. _____
17. Are you currently employed by a county or municipal government agency? _____
- | | | |
|-------|----------------|----------|
| (a) | Name of Agency | Position |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
- (b) Do you intend to use a State Commission, if approved, in your capacity within county or municipal government? ___ Yes ___ No.

ALL APPLICANTS: A Group III state constable commission is issued for the sole purpose of enabling a citizen who has the proper training to volunteer assistance to requesting law enforcement departments when specifically approved by SLED.
 State constable commissions are not issued to merely enable a citizen to carry firearms or to engage in independent law enforcement activity.
 Approval of this application requires that you have made arrangements to assist the police and sheriff's departments listed herein and that the chief of police or sheriff has requested your assistance.

LIST THE POLICE AND SHERIFF'S DEPARTMENTS YOU HAVE ARRANGED TO ASSIST:	Police Chief/Sheriff	Telephone #

THIS STATEMENT MUST BE SIGNED

My signature hereon certifies my understanding and agreement that appointment as a state constable is without compensation from the State of South Carolina or any law enforcement department, that my commission may be revoked at the pleasure of the Governor, and that the application fee is non-refundable, whether or not this application is approved.

I certify my understanding and agreement that any appointment tendered me will be contingent upon the results of a character and fitness investigation and that withholding or submitting inaccurate information in this application package is a basis for denial of this application or revocation of my state constable commission if discovered later.

I certify my understanding and agreement that I will be participating with police officers in law enforcement training and patrol and other activities that might be strenuous and dangerous.

I certify my understanding and agreement that if I am commissioned as a Group III state constable, I will not be insured for personal injuries I might sustain or for liability arising from my actions unless the following circumstances are true: (1) I am assisting a law enforcement department that has written to SLED requesting my assistance; (2) the department has certified to SLED that I am insured by the department's worker's compensation and liability insurance plans; (3) SLED has approved the department's request in writing.

I certify that all information submitted on this form and accompanying documents is true and complete.

_____ Date _____ Signature