REQUIREMENTS FOR GROUP I STATE CONSTABLE

The attached forms and information must be submitted to the Division before your request for a State Constables Commission can be processed.

(1) Application must be completed and signed by applicant with all information requested including S.C. Voter Registration number and S.C. Driver’s License number.

(2) Release Form, Authorization for Release of Records, Judgment Statement Affidavit and Possession of Firearms/Ammunition Affidavit must be signed by applicant and notarized.

(3) State Constable Consent and Medical History

(4) Report of State Constable Examination/Medical

(5) Oath of office must be signed and notarized.

(6) Two (2) complete sets of legible fingerprints to be submitted.

(7) Letter of recommendation from agency department head or supervisor stating reason for this authority.

(8) A copy of your high school diploma or equivalency certificate recognized and accepted by the South Carolina Department of Education.

(9) Completed background letter certifying that applicant has had background investigation conducted.

(10) Documentation obtained from the SC Criminal Justice Academy that applicant’s certification is current.

Upon receipt of the above information, we will make SLED’s recommendation known to the Governor.

NOTE: An act to repeal Section 23-1-70 of the South Carolina Code of Laws, 1976, which required a bond in the amount of two thousand dollars from all State Constables was passed by the 110th General Assembly. This act was signed into law on June 16, 1994. As of this date, bonds will no longer be required for state constable commissions.

R-003
4/2018’
TO: Mark A. Keel, Chief
South Carolina Law Enforcement Division

RE: ____________________________ EMPLOYMENT: ____________________________
______________________________ POSITION: ____________________________

Attached is the application and other required data for the above referenced individual requesting a State Constable’s Commission.

I hereby certify that a background investigation has been conducted on the above referenced individual, and he is qualified to perform the duties of a State Constable.

Yours very truly,

Agency Department Head or Supervisor

Name of Agency, Department, etc.
SOUTH CAROLINA STATE CONSTABLE APPLICATION

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

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: |

<table>
<thead>
<tr>
<th>I. PERSONAL HISTORY</th>
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<tbody>
<tr>
<td>1. Name in Full (Last, First, Middle)</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

| 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__________________________ If Naturalized, Attach a Copy of Naturalization Papers |
| 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

<table>
<thead>
<tr>
<th>II. MARITAL STATUS</th>
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<tbody>
<tr>
<td>Single Married Date ____________</td>
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<tr>
<td>Widowed Divorced Date ____________ Separated</td>
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</table>

Place of Marriage No. of Children Place of Divorce or Legal Separation Court

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<tr>
<th>III. RESIDENCES</th>
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<tbody>
<tr>
<td>Telephone numbers:</td>
</tr>
<tr>
<td>Residence: ____________</td>
</tr>
<tr>
<td>Business: ____________</td>
</tr>
<tr>
<td>Mobile Phone: ____________</td>
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</tbody>
</table>

| a. Present Residence Address: (Street, city, state, zip code) |
| 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).

<table>
<thead>
<tr>
<th>Dates</th>
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<tr>
<td>From</td>
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Revised 4/2014
### IV. EDUCATION

Calendar Years Attended

<table>
<thead>
<tr>
<th>Name and Location</th>
<th>From</th>
<th>To</th>
<th>Indicate Year Completed</th>
<th>Major Course Of Study</th>
<th>Did You Graduate</th>
<th>If Yes, Certificate or Degree Received</th>
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<tr>
<td>High School</td>
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<td>College</td>
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<td>Graduate School</td>
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<tr>
<td>Technical School</td>
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<td>Other</td>
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</table>

Specialized Schools

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<tr>
<th>Name and Address of School</th>
<th>Study or Specialization</th>
<th>From</th>
<th>To</th>
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4. Were you ever dismissed from a school, or was any disciplinary action ever taken against you during your scholastic career?  Yes No

### 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

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.

<table>
<thead>
<tr>
<th>Complete Name</th>
<th>Years Known</th>
<th>Home Phone</th>
<th>Business Phone</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
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<td>Business Address</td>
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<tr>
<th>Complete Name</th>
<th>Years Known</th>
<th>Home Phone</th>
<th>Business Phone</th>
<th>Occupation</th>
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<th>Complete Name</th>
<th>Years Known</th>
<th>Home Phone</th>
<th>Business Phone</th>
<th>Occupation</th>
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<td>Business Address</td>
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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 __________________

<table>
<thead>
<tr>
<th>Country Visited</th>
<th>From Month/Yr</th>
<th>To Month/Yr</th>
<th>Reason for Travel</th>
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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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Place and Department</th>
<th>Charge</th>
<th>Court and Place</th>
<th>Disposition</th>
<th>Details</th>
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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.)

<table>
<thead>
<tr>
<th>Creditor</th>
<th>Address</th>
<th>Amount</th>
<th>Loan or Account Number</th>
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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”.

<table>
<thead>
<tr>
<th>Name of Language</th>
<th>Speak</th>
<th>Understand</th>
<th>Read</th>
<th>Write</th>
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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.

<table>
<thead>
<tr>
<th>Complete Name</th>
<th>Relationship</th>
<th>Agency by Which Employed</th>
<th>Location</th>
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XIV. FRIENDS OR ACQUAINTANCES EMPLOYED BY THE STATE OR FEDERAL GOVERNMENT

<table>
<thead>
<tr>
<th>Complete Name</th>
<th>Location</th>
<th>Length of Acquaintance</th>
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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).

<table>
<thead>
<tr>
<th>From Month/Yr</th>
<th>To Month/Yr</th>
<th>Hospital</th>
<th>Location</th>
<th>Reason</th>
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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 and location(s) where procedure was performed.

<table>
<thead>
<tr>
<th>RIGHT EYE</th>
<th>Corrected</th>
<th>Uncorrected</th>
<th>LEFT EYE</th>
<th>Corrected</th>
<th>Uncorrected</th>
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<tr>
<td>20/20</td>
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<td>20/20</td>
<td>20/20</td>
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</table>

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 of 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:

<table>
<thead>
<tr>
<th>Police Chief/Sheriff</th>
<th>Telephone #</th>
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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

Revised 4/2014  6
STATE CONSTABLE RELEASE

I, _______________________________ of _______________________________

(Name) (Address)

_________________________________________  __________________________

(County) (State)

hereby freely, knowingly, and voluntarily request permission to be commissioned as a State Constable by the Governor of South Carolina and the South Carolina Law Enforcement Division.

FURTHER, upon entering and participating in such activities and/or programs, I do so fully understanding the nature and purpose, policies, rules, and regulations of the above named South Carolina Law Enforcement Division and so hereby release the South Carolina Law Enforcement Division, State of South Carolina, and all employees and/or agents of said agencies and/or departments from liabilities from any and all acts or omissions that may cause direct or indirect injury to my person or property.

FURTHER, I freely and voluntarily (without duress or coercion, direct or indirect), with full and complete knowledge of all of the above facts and possible consequences, give this release and assume any and all risks and liabilities which may be incurred by and in my participation in any and all activities directly and indirectly related to and in the course of the above program and/or activities.

_________________________________________  __________________________

(Signature) (Date)

Sworn to this _____ Day of ________________, 20__.

Notary Public for South Carolina

My Commission Expires __________________________

4/2018’
AUTHORIZATION FOR RELEASE OF RECORDS

In order to determine my suitability for a state constable commission, the South Carolina Law Enforcement Division (SLED) is conducting a background investigation.

I, ____________________________, do hereby authorize any military organization, doctors, insurance companies, educational institutions, governmental agencies, banks and credit agencies, former and present employers, and individuals to furnish to the South Carolina Law Enforcement Division any or all available information regarding me, whether or not it is on their records. I hereby release them from any civil or criminal liability whatsoever for issuing same.

______________________________ (Signature) ________________ (Date)

Sworn to this _______ day of _____________, 20__.

________________________________
Notary Public for South Carolina

My Commission Expires _________________________

4/2018’
JUDGMENT STATEMENT AFFIDAVIT

I, ____________________________, do hereby certify that

__________________________, ___________________________

City Zip Code

I have no judgments against me in the County of __________________________, which I reside or any other County in South Carolina.

__________________________

Signature

__________________________

Date

Sworn and subscribed before me this

______ day of __________________, 20______

Notary Public for South Carolina

Commission expires: __________________________

4/2018’

R-009
COUNTY OF ) ) POSSESSION OF FIREARMS/ STATE OF SOUTH CAROLINA ) AMMUNITION AFFIDAVIT

Personally appeared before me,______________________________, who first being sworn, deposes and says that (s)he has read the attached memo which explains the provisions of the Gun Control Act of 1968 and (s)he answers the following questions to the best of his/her knowledge and belief and further understands that furnishing false information may be grounds for adverse personnel action as well as prosecution for false swearing.

Have you been convicted of a misdemeanor crime of domestic violence?

☐ Yes ☐ No ☐ Not Certain

Are you subject to a current restraining order issued by any court which restrains you from harassing, stalking, or threatening an intimate partner of such person or child of such intimate partner or person, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child and which includes a finding that the person represents a credible threat to the physical safety of the partner or by its terms explicitly prohibits the use, attempted use, or threatened use of physical force against the intimate partner that would reasonably be expected to cause bodily harm?

☐ Yes ☐ No ☐ Not Certain

WITNESSED, this______day of__________________, 20____.

________________________________________

(Signature)

________________________________________

(Name)

Sworn to this______day of__________________, 20____.

________________________________________

Notary Public for South Carolina

My commission expires on______________________.

4/2018’
TO THE EXAMINING PHYSICIAN:
All information **MUST** be completed. Please type or print legibly and return to the constable candidate and/or the South Carolina Law Enforcement Division (SLED).

PHYSICIAN’S NAME: ____________________________________________________________
ADDRESS: __________________________________________________________________
____________________________________________________________________________
PHONE: ______________________________________________________________________

************

PATIENT/CANDIDATE’S NAME: ________________________________________________
Social Security No.: __________________________________________________________

THE ABOVE NAMED CANDIDATE IS:

   Medically **Suitable** for the State Constable program
   Medically **Unsuitable** for the State Constable program for the following reasons:

COMMENTS:

____________________________________________________________________________

The medical history and physical examination results for this candidate are on file in the physician’s office at the above address and will be made available to the South Carolina Law Enforcement Division upon request. The candidate has been informed of the examination results and the presence of any conditions which may need follow-up evaluation. If questions of suitability should arise during the course of training, a candidate may be required to obtain follow-up medical evaluation at his/her expense.

Date: ______________________  Physician’s signature: __________________________________

Date: ______________________  Candidate’s signature: ________________________________

**NOTE:** **ALL** information must be completed above, the physician must check medically suitable/unsuitable and sign and date this page. The candidate must sign and date this page as well.
STATE CONSTABLE CONSENT AND MEDICAL HISTORY

Name________________________   Age_________   SSN_________________
Home Address______________________________   Phone______________
Date of Birth____________________________

The answers that I give are true to the best of my knowledge. This information will be used to determine whether I am medically capable of performing the essential functions of the physical demands while assisting law enforcement with the State Constable program. Medical information regarding my ability to perform these activities will be made available to SLED. Other Information will be held strictly confidential.

Signature________________________   Date________________________

1. Do you have or have you ever had: YES   NO
   Measles
   Bronchitis
   Mumps
   Chickenpox
   Seizures
   Pneumonia
   Tuberculosis (TB)

2. Are you allergic to any medicines, food or other substances? ____________________________

3. Do you use:  
   Yes/ No/ How Much/ In Past?
   Cigarettes
   Alcohol
   Drugs

4. List all medications you take regularly:

5. Family History: Have your mother, father, sister or brother had the following:

   Ulcers    Diabetes
   Arthritis    High Blood Pressure
   Hernia    Heart Disease
   Hemorrhoids    Cancer
   Skin Problems    Stroke
   Back Problems    Tuberculosis (TB)
   Asthma
   Lung Problems
   Mental Illness
   Hepatitis
   Surgery
   Significant Injuries

   Explain

Current Occupation________________________   Job you have held longest________________________

Have you ever been exposed to fumes, dust, chemicals, loud noise or radiation at work or elsewhere? yes no Explain

Have you ever been unable to hold a job because of medical reasons? yes no Explain

Have you ever received Workers’ Compensation? yes no Explain

Have you lost time from work for medical reasons in the past five years? yes no Explain

Examiner’s Comments________________________

4/2018’
R-017
STATE CONSTABLE MEDICAL EXAMINATION

Height__________________________  Weight__________________________

Blood Pressure___________________  Pulse__________________________

Visual Acuity (R)_________(L)_________Without Correction
(R)_________(L)_________With Correction

Color Vision _______________________

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Medically **Suitable** for the State Constable program

Medically **Unsuitable** for the State Constable program for the following reasons: __________

________________________________________________________________________

COMMENTS: ________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Date:______________  Physician’s Signature ________________________________

4/2018'
R-017
Write your name and mailing address plainly here.

Name ______________________________________________

Mailing Address ______________________________________

____________________________________________________

Oath for Peace Officers

STATE OF SOUTH CAROLINA

County of ______________

I do solemnly swear (or affirm) that:
I am duly qualified, according to the Constitution of this State, to exercise the duties of the office
to which I have been appointed, and that I will, to the best of my ability, discharge those duties
and will preserve, protect and defend the Constitution of this State and of the United States;

I swear that I am under no promise, in honor or law, to share the profits of the office to which I
have been appointed, and that I will not directly or indirectly, sell or dispose of said office or the
profits thereof, but will resign, or continue to discharge the duties thereof during the period fixed
by law, if I so long live.
    So help me God

______________________________
Officer’s Signature

Sworn to and subscribed before me on this _______ Day of ________________20_____.

______________________________
Notary Public for South Carolina
My commission expires _______________________

4/2014