

SOUTH CAROLINA LAW ENFORCEMENT DIVISION

NIKKI R. HALEY
Governor



MARK A. KEEL
Chief

REQUIREMENTS FOR GROUP II STATE CONSTABLE

The attached forms and information must be submitted to SLED Regulatory Services before your request for a State Constable 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) If you are **NOT** planning to assist local law enforcement, please complete the Retired, Non-Working Form.
- (6) If you have retired under **DISABILITY**, please completed the Retired Under Disability Form.
- (7) Oath of office must be signed and notarized.
- (8) Color photograph taken within the last 3 months.
- (9) Documentation that you are a retired law enforcement officer. This documentation must be on the S.C. Police Officers Retirement System (PORS) letterhead **and** from the Budget and Control Board (i.e. copy of a check stub or correspondence on their letterhead).

If you have any questions, please call (803) 896-7015.

R-004
4/2014



An Accredited Law Enforcement Agency

P.O. Box 21398 / Columbia, South Carolina 29221-1398 / (803) 737-9000 / Fax (803) 896-7588

SOUTH CAROLINA STATE CONSTABLE APPLICATION

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	Indicate Year Completed	Major Course Of Study	Did You Graduate	If Yes, Certificate or Degree Received
High School							
College							
Graduate School							
Technical School							
Other							

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.

RIGHT EYE	Corrected	20/_____	LEFT EYE	Corrected	20/_____
	Uncorrected	20/_____		Uncorrected	20/_____

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

SOUTH CAROLINA LAW ENFORCEMENT DIVISION

NIKKI R. HALEY
Governor



MARK A. KEEL
Chief

GROUP II STATE CONSTABLE CRITERIA CERTIFICATION

I hereby certify that I am honorably retired or retired under disability from a municipal, county, or state law enforcement agency in South Carolina as indicated below:

- (A) Honorably retired from the _____ with least 25 years of continuous service.
(Agency)
- (B) Retired for reasons of disability from the _____ with _____ years of continuous service
(Agency)
- (C) Honorably retired from a federal law enforcement agency with service in South Carolina for _____ years;
- (D) Retired for reasons of disability from a federal law enforcement agency with service in South Carolina for _____ years.

I further certify I understand the following:

- A. My state constable commission will not be used to perform duties of any type of employment.
- B. I am prohibited from using my credentials, badge, or status as a state constable for financial gain of any kind, obtaining privileges not otherwise available, avoiding consequences of illegal acts, or to perform any law enforcement action except as detailed below, and that any such actions I take must be in compliance with strict professional law enforcement standards and procedures:
1. When approved in advance in writing by SLED to assist on-duty law enforcement officers as detailed in SLED state constable policies and procedures as posted at www.sled.sc.gov;
 2. To take minimal appropriate and effective action to relieve an imminent and urgent threat to public safety;
 3. To take minimal appropriate and effective action to assist a law enforcement officer who is in imminent danger and requires immediate assistance;
- C. I am prohibited from involving my state constable commission in any action that might bring disfavor or criticism to the State of South Carolina, SLED, and the South Carolina State Constable program.
- D. I must meet and maintain compliance with training guidelines established by SLED in order to secure and retain my state constable commission (annual legals and firearms training).

_____ Date

_____ Applicant Signature

Group II State Constable Criteria
10/2014



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SOUTH CAROLINA LAW ENFORCEMENT DIVISION

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MARK A. KEEL
Chief

RETIRED, NOT ASSISTING LOCAL LAW ENFORCEMENT

I am applying for a state constable commission as a retired police officer and understand that since I have chosen to not complete the physical portion of this application, I will not be authorized to assist local law enforcement agencies in any manner. If, after receiving a state constable commission, I choose to start assisting local law enforcement, I understand that the physical portion of this application must be completed and submitted to SLED before authorization is given to any requesting agency.

Date

Signature

Date

Witness

Sworn to and subscribed before me this on this

____ Day of _____ 20____

Notary Public for South Carolina

My commission expires _____



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SOUTH CAROLINA LAW ENFORCEMENT DIVISION



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GROUP II STATE CONSTABLE RETIRED UNDER DISABILITY

I am applying for a state constable commission as a retired police officer for reason of disability. I understand I am not authorized to assist local law enforcement agencies in any manner.

_____ Date

_____ Signature

_____ Date

_____ Witness

Sworn to and subscribed before me this on this

_____ Day of _____ 20_____

_____ Notary Public for South Carolina

My commission expires _____



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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 _____

10/14



JUDGMENT STATEMENT AFFIDAVIT

I, _____, _____
Name Street
_____, _____ 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: _____

10/2014

COUNTY OF _____)
STATE OF SOUTH CAROLINA)

POSSESSION OF FIREARMS/
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 _____.

7/2014





REPORT OF STATE CONSTABLE EXAMINATION

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 _____

- | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------|--|--|-----|----|----------|--|--|---------------------|--|--|---------------|--|--|--------|--|--|--------|--|--|-------------------|--|--|
| <p>1. Do you have or have you ever had:</p> <p>Measles</p> <p>Bronchitis</p> <p>Mumps</p> <p>Chickenpox</p> <p>Seizures</p> <p>Pneumonia</p> <p>Tuberculosis (TB)</p> <p>Cancer</p> <p>Diabetes</p> <p>Blood Problems</p> <p>High Blood Pressure</p> <p>Heart Problems</p> <p>Kidney Problems</p> <p>Ulcers</p> <p>Arthritis</p> <p>Hernia</p> <p>Hemorrhoids</p> <p>Skin Problems</p> <p>Back Problems</p> <p>Asthma</p> <p>Lung Problems</p> <p>Mental Illness</p> <p>Hepatitis</p> <p>Surgery</p> <p>Significant Injuries</p> | <p>YES NO</p> | <p>2. Are you allergic to any medicines, food or other substances? _____</p> <p>3. Do you use:</p> <p style="padding-left: 40px;">Yes/ No/ How Much/ In Past?</p> <p>Cigarettes _____</p> <p>Alcohol _____</p> <p>Drugs _____</p> <p>4. List all medications you take regularly:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>5. Family History: Have your mother, father, sister or brother had the following:</p> <table border="0" style="margin-left: 40px;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Diabetes</td> <td></td> <td></td> </tr> <tr> <td>High Blood Pressure</td> <td></td> <td></td> </tr> <tr> <td>Heart Disease</td> <td></td> <td></td> </tr> <tr> <td>Cancer</td> <td></td> <td></td> </tr> <tr> <td>Stroke</td> <td></td> <td></td> </tr> <tr> <td>Tuberculosis (TB)</td> <td></td> <td></td> </tr> </table> <p>Explain _____</p> <p>Explain _____</p> | | Yes | No | Diabetes | | | High Blood Pressure | | | Heart Disease | | | Cancer | | | Stroke | | | Tuberculosis (TB) | | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | |
| Diabetes | | | | | | | | | | | | | | | | | | | | | | | |
| High Blood Pressure | | | | | | | | | | | | | | | | | | | | | | | |
| Heart Disease | | | | | | | | | | | | | | | | | | | | | | | |
| Cancer | | | | | | | | | | | | | | | | | | | | | | | |
| Stroke | | | | | | | | | | | | | | | | | | | | | | | |
| Tuberculosis (TB) | | | | | | | | | | | | | | | | | | | | | | | |

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 _____



STATE CONSTABLE MEDICAL EXAMINATION

Height _____

Weight _____

Blood Pressure _____

Pulse _____

Visual Acuity (R) _____ (L) _____ Without Correction

(R) _____ (L) _____ With Correction

Color Vision _____

	Normal	Abnormal	Explanation
Eyes			
Ears			
Hearing			
Nose			
Throat			
Mouth			
Neck			
Abdomen			
Hernia			
Genitourinary			
Back			
Extremities			
Upper			
Lower			
Neurologic			
Skin			
U.A.	pH _____	s.g. _____	Chemistry _____
TB Skin Test	_____		

Medically **Suitable** for the State Constable program

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

COMMENTS: _____

Date: _____

Physician's Signature _____

Write your name and mailing address plainly here.

Name _____

Mailing Address _____

Oath for Peace Officers

STATE OF SOUTH CAROLINA

County of _____

}

When Commissioned
Stamp here

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 _____