

## GROUP I STATE CONSTABLE REQUIREMENTS

The following forms and information must be submitted to the S.C. Law Enforcement Division (SLED) in order to process a Group I State Constable application:

- Application completed and signed by applicant (all fields must be accurately and legibly completed)
- Release Form
- Authorization for Release of Records
- Judgment Statement Affidavit
- Possession of Firearms/Ammunition Affidavit
- State Constable Consent and Medical History
- Report of State Constable Examination/Medical
- Oath of Office
- Two (2) complete sets of **legible** fingerprints
- Recent (within three months) unmounted full face color photograph
- Complete statement by the applicant as to the need for commission. Please note: If you have a business need to carry a weapon, please apply for a Concealed Weapons Permit (CWP).
- A copy of high school diploma or recognized equivalency certificate (must be recognized by the S.C. Department of Education).

Upon receipt of the above information, SLED will conduct a thorough background investigation and make a commissioning recommendation to the Governor. Upon notification of approval by the Governor, a letter of authorization will be sent approving you for the required training.

If you have any questions, please call (803) 896-7029.



## Notice of State Constable Ineligibility

Please be advised that applicants <u>will not</u> be eligible to obtain commissioning as a state constable if any of the following apply:

- Law enforcement officers who are presently commissioned under existing state law (i.e. police officers, correctional officers, jailers, reserve officers, etc.).
- Employees of a county or municipality that have a need for law enforcement authority as part of assigned duties. These persons should be commissioned through their respective county or municipality (i.e. litter control officers, animal control officers, city or county security officers, solicitor's investigators, etc.).
- Private security officers or private investigators, or business licensees for either profession
- Persons having a criminal record.
- Persons having outstanding judgments against them.
- Persons who have no documented reason or justification for a state constable commission.
- Bail bondsmen (prohibited by § 38-53-190 of the S.C. Code of Laws).
- State constable commissions cannot be used in any private endeavor to make a profit or collect debts. Therefore, any person engaging in the business of serving civil process or legal documents, those responsible for repossession efforts, or those who make collection efforts on behalf of a private business must submit a statement with their application certifying they will not utilize the commission in any way connected to those or similar responsibilities. SLED reserves the right to approve or deny any requests made pursuant to this item.
- Renewals of state constable commissions may also be denied based on sustained complaints received during the preceding period of commission.

# SOUTH CAROLINA STATE CONSTABLE APPLICATION

#### S.C. LAW ENFORCEMENT DIVISION POST OFFICE BOX 21398

Group I

Group I/Advanced Class 3

COLUMBIA, SOUTH CAROLINA 29221-1398

Group I/Basic Class 3

AD#						F					
NA (not appli for complete	cable). Applicati	ions which ar vish to furnis	e not complete	and legible	e will not be con	sidered. If sp	ice provi	cable. If no, indic ded is not sufficie olication, and nun	ent DA	TE:	
				I.	PERSONA						
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.					r true name,		
3. Birth Date	(Month, Day, Ye	ear)		5. Are y	ou a U.S. Citizer	n? Yes	N	lo Der	ivative?	Yes	No
				Naturaliz	zed? Ye	es N	0				
4. Place of Bi	rth (City, State)			Naturali	zation #			Place			
				Court			(	If Naturalized, A	ttach a Copy o	f Naturalizatio	on Papers)
6. Social Secu	urity Number				Race	5	ex	Height	Weight	Eyes	Hair
PLEASE NOT	E: THE INFORM	ATION RE	QUESTED IN	ITEM (6) I	IS NECESSARY	' IN ORDER	ГО ОВТ.	AIN AN ACCUR	ATE CRIMIN	AL HISTORY	CHECK
7. Driver's Li	cense No.					8. Are you a resident of South Carolina? Yes No					
State Lice	nsed							ation Number	) VOTE TO R	ECEIVE COM	IMISSION
				Ι	I. MARIT	AL STAT	US				
Single		Married	Date			Place of Marriage No. of Children					L'hildren
Widov	ved	Divorced Separated	Date			Place of I	vorce o	r Legal Separatio	n	Co	urt
					III. RES	IDENCE	5				
a. Present Res	sidence 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.)										
off military bas		ar residences	in the past 10 y	ears (inclu	iding addresses v	vhile attendin	g school (	11 away from the	nome) and all	military addre	sses including any
From	To		Street A	Address			City		State		Zip

## **IV. EDUCATION**

		Calendar Yea		led					
	Name and Location	From	То	Indicate Year Completed	Major Co Of Stu		Did You Graduate	If Yes, Certificate or Degree Received	
High School									
College									
Graduate School									
Technical School									
Other									
Nam	e and Address of School			ecialized Schools			From	То	
				· 1					
4 337	1 10 1 1	1 1	. 1		1 1 4		N	NT	
4. were you ever	dismissed from a school, or was any	disciplinary action	n ever tai	ken against you during you	ir scholastic cai	reer?	Yes	No	
	School				Date	_		Action	
casual employme	<b>ST POSITION FIRST</b> . Include chr nt and all periods of unemployment. ch additional sheets as needed.	onological history	of emplo	<b>DYMENT HISTO</b> oyment starting with curre experience, if applicable.	nt or most recen	nt positio our emplo	on. Account fo	or all periods including ot be accepted in lieu of this	
I. PRESENT O	R LAST EMPLOYMENT (GIVE C	OMPLETE MAII	LING AE	DDRESSES AND ZIP CO	DES)				
Employer				Immediate Superv	visor				
Employer's Addr	ess (Street, City, State, Zip)								
Telephone No.		Date Employ		D	ate Sepa	rated			
Job Title/Work D	escription	Starting Salary				Ending	s Salary		
Reason for Leavin	ng EMPLOYMENT								
Employer				Immediate Superv	isor				
Employer's Addr	ess (Street, City, State, Zip)								
Telephone No.		Date Emplo	oyed		Da	ate Separ	rated		
Job Title/Work D	escription			Starting Salary		Ending	g Salary		
Reason for Leavin	ng EMPLOYMENT								
Employer				Immediate Superv	isor				
Employer's Addr	ess (Street, City, State, Zip)								
Telephone No.		Date Emplo	oyed		Date Separated				
Job Title/Work D	escription			Starting Salary		Ending Salary			
Reason for Leavin	ng EMPLOYMENT								
Employer				Immediate Superv	isor				
Employer's Addr	ess (Street, City, State, Zip)								
Telephone No.		Date Emplo	oyed		D	ate Sepa	rated		
Job Title/Work D	escription			Starting Salary		Ending	g Salary		
Reason for Leavin	ng								

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
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	for Selective Service	e? Yes	No	Loca	ation: City and State		
2. Have you ever serve	ed on active duty in t	the Armed For	ces of the United S	tates?	Yes No		
3. Branch of Military S	Service				Type of Discharge _		Basis
4. Dates of Active dut	y (month, day, year)	From	T	0	5. S	erial Number	
5. Member of Reserve	e? Yes	No	Ready	Standby	Branch of Service _		
. Was any type of disc	ciplinary action taker	1 in the service	? (Be sure to includ	le non-judicial	l punishment(s), if ap	plicable.) Yes	No Details
8. National Guard:	Present For	rmer Noi		illing member		me of unit & location _	
	rs, business or profes	ssional men or	women including	your physicia			f reputable standing in their communities, ell for at least five years, preferably those
Complete Name					Ye	ars Known	
Iome Phone			Business Ph	one		Oc	ccupation
Home Address							
Complete Name					Ye	ars Known	
Home Phone			Business Pho	one			Decupation
Iome Address							
Business Address							
Complete Name					Ye	ars Known	
Home Phone			Business Ph	one		(	Decupation
Home Address							
Business Address							
TT	VIII. FO					, RESIDENCE,	VISIT)
. Have you ever visite		oreign coullify	(including travel)	n the Armed l	Forces of the U.S.	Yes No	(1011)
-	-	oreign country			Forces of the U.S.	Yes No	()
Passport Number	Country Visit		Date/Place I	ssued		Yes No	Reason for Travel
-	Country Visit				m		
-	Country Visit			ssued	m	То	
Passport Number	n arrested or charged	ted	Date/Place I	ssued From Month COURT Iffic, but exclu	m h/Yr RECORD ading parking tickets	To Month/Yr ? Yes No	Reason for Travel To your knowledge, has any member of yo
Passport Number	n arrested or charged been convicted of an	ted d with any viol	Date/Place I	ssued Month COURT Iffic, but exclutions? Y	m 1/Yr RECORD Iding parking tickets Yes No If so	To Month/Yr ? Yes No , list all such matters er	Reason for Travel To your knowledge, has any member of yoven if not formally charged or no court
Passport Number	n arrested or charged been convicted of an	ted d with any viol ny offense othe settled by payn	Date/Place I	SSUED From Month COURT offic, but exclutions? Yeiture of collate	m 1/Yr RECORD Iding parking tickets Yes No If so	To Month/Yr ? Yes No , list all such matters er	Reason for Travel To your knowledge, has any member of yo
Passport Number	n arrested or charged been convicted of an not guilty, or matter s	ted d with any viol ny offense othe settled by payn	Date/Place I	SSUED From Month COURT offic, but exclutions? Yeiture of collate	m h/Yr RECORD Iding parking tickets (es No If so eral. NOTE: An affin	To Month/Yr ? Yes No , list all such matters er rmative answer will no	Reason for Travel To your knowledge, has any member of yover if not formally charged or no court of necessarily disqualify you from considerat
Passport Number l. Have you ever beer mmediate family ever appearance, or found n	n arrested or charged been convicted of an not guilty, or matter s	ted d with any viol ny offense othe settled by payn	Date/Place I	SSUED From Month COURT offic, but exclutions? Yeiture of collate	m h/Yr RECORD Iding parking tickets (es No If so eral. NOTE: An affin	To Month/Yr ? Yes No , list all such matters er rmative answer will no	Reason for Travel To your knowledge, has any member of y ven if not formally charged or no court ot necessarily disqualify you from considera
Passport Number  Passport Number  I. Have you ever beer immediate family ever appearance, or found n Date	n arrested or charged been convicted of an not guilty, or matter s Place and Depar	ted d with any viol ny offense othe settled by payn rtment	Date/Place I	ssued From Month COURT (ffic, but exclu- ions? Y eiture of collate Court an	m VYr RECORD Iding parking tickets Ves No If so eral. NOTE: An affin nd Place	To Month/Yr ? Yes No , list all such matters er rmative answer will no Disposition	Reason for Travel To your knowledge, has any member of yo ven if not formally charged or no court tt necessarily disqualify you from considera Details
Passport Number l. Have you ever beer mmediate family ever appearance, or found n	n arrested or charged been convicted of an not guilty, or matter s	ted d with any viol ny offense othe settled by payn rtment	Date/Place I	ssued From Month COURT (ffic, but exclu- ions? Y eiture of collate Court an	m h/Yr RECORD Iding parking tickets (es No If so eral. NOTE: An affin	To Month/Yr ? Yes No , list all such matters er rmative answer will no	Reason for Travel To your knowledge, has any member of yoven if not formally charged or no court ot necessarily disqualify you from consideration
Passport Number	n arrested or charged been convicted of an not guilty, or matter s Place and Depar	ted d with any viol ny offense othe settled by payn rtment	Date/Place I	ssued From Month COURT (ffic, but exclu- ions? Y eiture of collate Court an	m VYr RECORD Iding parking tickets Ves No If so eral. NOTE: An affin nd Place	To Month/Yr ? Yes No , list all such matters er rmative answer will no Disposition	Reason for Travel To your knowledge, has any member of yoven if not formally charged or no court to necessarily disqualify you from considera 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.		

Credior     Credior     Addess     Credior     Lone or Account Number     Lone or Account Number     Lone or Account Number     Addess     Lone or Account Number     Addess     Lone or Account Number     Lone or Account Number     The you near beam in or proteining for hards neared.     The you near beam in or proteining for hards neared.     The you near beam in or proteining for hards neared.     The you near beam in or proteining for hards neared.     The you near beam in or proteining for hards neared.     The you near beam in or proteining for the hards neared.     The you near beam in or proteining for the hards neared.     The you are foreign hanguage hilly?     Yes     No     The you are break and the you in the protein and the you in the hards neared neared in the near base of each foreign hanguage.     Isted ()	2. Are you indebted to anyone? amount, where payment is past du		(Note: List any	debt over \$100. Be sure to indicate stu	ident loans and charge accou	ints. Also list any debt, regardless of the
It your answer is "Yes" to the above, give particulars, including control date.  1. Do you have forcign language ability? Yes No H*"Ces," indicate your proficiency in each phase of each forcign language, listed as "Slight, "Good" or "Place of Birth				Address	Amount	Loan or Account Number
It your answer is "Yes" to the above, give particulars, including control date.  1. Do you have forcign language ability? Yes No H*"Ces," indicate your proficiency in each phase of each forcign language, listed as "Slight, "Good" or "Place of Birth						
It your answer is "Yes" to the above, give particulars, including control date.  1. Do you have forcign language ability? Yes No H*"Ces," indicate your proficiency in each phase of each forcign language, listed as "Slight, "Good" or "Place of Birth						
1. Do you have foreign language ability?       Yes       No       If "Yes," indicate your proticiency in each phase of each foreign language, lasted as "Slight," "Good" or "Fluer         Name of Language       Speak       Understand       Read       Write         In a set of Language       Speak       Understand       Read       Write         In a set of Language       Speak       Understand       Read       Write         In a set of Language       Speak       Understand       Read       Write         In a set of Language       Speak       Understand       Read       Write         2. Are you a member of the bar?       Yes       No       Date       State(s)       3. Are you a (CAPA?       Yes       No         Date       State(s)       A Are you a licensed aircraft pito?       Yes       No       Rating(s)       The set of the se	3. Have you ever been in or petiti If your answer is "Yes" to the a	above, give particu	lars, including co	ourt/date.	NDSKILLS	
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) All appleants must give complete information concerning their relatives. If you have been hardred here that once, give the requested information concerning their relatives. If you have steep arents, legal guardians, or others who have reared you instead of your parents, the requested information should be furnished FATURES All appleants must give complete information concerning their relatives. If you have been married more than once, give the requested information concerning each former FATURES Last, First, Middle Name FATURES Last, First, Middle Name Address of Employer NOTHER: Last, First, Middle Name Address of Employer Names & Address of Employer Place of Birth FORMER SPOUSE: Last, First, Middle Name Address of Employer	1. Do you have foreign language					age, listed as "Slight," "Good" or "Fluent
Date       State(s)       A ker you a licensed aircraft pilor? Yes No Raing(s)         NL RELATIVES         Alagnicants must give complete information concerning their relatives. They have been matried have nonce, give the requested information concerning them, as your real parents. legal guardians, or others who have reared you instead of your parents, legal guardians, or others who have reared you instead of your parents, there on the information concerning them, as your real parents.         Address       Occupation         Names & Address of Employer	Name of Language	Spe	eak	Understand	Read	Write
Date       State(s)       A ker you a licensed aircraft pilor? Yes No Raing(s)         NL RELATIVES         Alagnicants must give complete information concerning their relatives. They have been matried have nonce, give the requested information concerning them, as your real parents. legal guardians, or others who have reared you instead of your parents, legal guardians, or others who have reared you instead of your parents, there on the information concerning them, as your real parents.         Address       Occupation         Names & Address of Employer						
Date       State(s)       A ker you a licensed aircraft pilor? Yes No Raing(s)         NL RELATIVES         Alagnicants must give complete information concerning their relatives. They have been matried have nonce, give the requested information concerning them, as your real parents. legal guardians, or others who have reared you instead of your parents, legal guardians, or others who have reared you instead of your parents, there on the information concerning them, as your real parents.         Address       Occupation         Names & Address of Employer						
Date       State(s)       A ker you a licensed aircraft pilor? Yes No Raing(s)         NL RELATIVES         Alagnicants must give complete information concerning their relatives. They have been matried have nonce, give the requested information concerning them, as your real parents. legal guardians, or others who have reared you instead of your parents, legal guardians, or others who have reared you instead of your parents, there on the information concerning them, as your real parents.         Address       Occupation         Names & Address of Employer		l				
XIL       RELATIVES         All applicants must give complete information concerning teach former husband or wife. Even though a parent is deceased, give all the information requested, and indicate last residence and year of death. Include stephycobers and sisters, half bothers and sisters, half more than a synar real parents. Beyond the sense is the se	2. Are you a member of the bar?	Yes No	Date	State(s)	3. Are yo	ou a CPA? Yes No
husbal or wife. Even though a parent is deceased, give all the information requested, and indicate last residence and year of death. Include stephorchers 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. Furnished concerning them, as your parents. Furnished to parents the parents. Furnished concerning them, as your parents. Furnished concerning them, as your parents. Furnished to parents the parents. Furnished to parents the parents. Furnished to parents the parents. Furnished to parents to parents the parents. Furnished to parents the parents. Furnished to parents the parents. Furnished to parents the parents to parents. Furnished to parents the parents to parents. Furnished to paren				XII. RELATIVES		
Names & Address of Employer	husband or wife. Even though a pa brothers and sisters. If you have st concerning them, as your real pare	arent is deceased, g tep-parents, legal g ents.	give all the inform guardians, or othe	mation requested, and indicate last res ers who have reared you instead of you	idence and year of death. Indur parents, the requested info	clude stepbrothers and sisters, half
MOTHER: Last, First, Middle Name	Address			Occupation		
Address Occupation   Names & Address of Employer	Names & Address of Employer					
Names & Address of Employer	MOTHER: Last, First, Middle Na	ime				
SPOUSE: Last, First, Middle Name	Address			Occupation		
Address       Occupation         Names & Address of Employer       Place of Birth         Birth Date       Place of Birth         FORMER SPOUSE: Last, First, Middle Name       Occupation         Address       Occupation         Names & Address of Employer       Occupation         Birth Date       Place of Birth         Address of Employer       Place of Birth         Birth Date       Place of Birth         CHILDREN (List names and ages)       Place of Birth         GTHER 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       Occupation         Address       Occupation	Names & Address of Employer					
Names & Address of Employer Place of Birth 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) GTHER 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 Address of Employer	SPOUSE: Last, First, Middle Nan	ne				
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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)   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   Address of Employer	Names & Address of Employer _					
Address       Occupation         Names & Address of Employer       Place of Birth         Birth Date       Place of Birth         CHILDREN (List names and ages)       Place of Birth         BROTHERS/SISTERS (List names and ages)       Place of Birth         COMPARISON       Place of Birth         BROTHERS/SISTERS (List names and ages)       Place of Birth         COMPARISON       Place of Birth         DOTHER 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       Occupation         Address       Occupation         Names & Address of Employer       Occupation	Birth Date			Place of Birth		
Names & Address of Employer   Birth Date   Place of Birth   CHILDREN (List names and ages)   BROTHERS/SISTERS (List names and ages)   BROTHERS/SISTERS (List names and ages)   Grifter 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	FORMER SPOUSE: Last, First,	Middle Name				
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	Address			Occupation		
CHILDREN (List names and ages)	Names & Address of Employer					
BROTHERS/SISTERS (List names and ages)	Birth Date			Place of Birth		
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 NameOccupation	CHILDREN (List names and ag	es)				
years only. Last, First, Middle Name Address Occupation Names & Address of Employer	BROTHERS/SISTERS (List na	mes and ages)				
years only. Last, First, Middle Name Address Occupation Names & Address of Employer						
Names & Address of Employer	years only.				*	Include roommates for the last five
	Address			Occupation _		
Birth Date Place of Birth	Names & Address of Employer _					
	Birth Date			Place of Birth		

## XIII. RELATIVES EMPLOYED BY THE STATE OR FEDERAL GOVERNMENT

No.         No.         If "Yes," definition of the following account of the following account of the sector of the	List the complete names of any of your close r Complete Name			s (including in-laws) who are employed by the state of South Caroli ationship Agency by Which Employed					rolina, including	ina, including SLED.			
Complete Name         Location         Langth of Acquaintance           Image: Complete Name         Location         Langth of Acquaintance           Image: Complete Name         No         IP vegous events and any of the following: nervous: mental or emotional disorder of any sort: hypertension: tuberculosis: epilepsy: fainting spells on a very backters. (doing date(s) of Illness(es): epilepsy: fainting spells on a very backters. (doing date(s) of Illness(es): epilepsy: fainting spells on a very backters. (doing date(s) of Illness(es): epilepsy: fainting spells on a very backters. (doing date(s) of Illness(es): epilepsy: fainting spells on a very backters. (doing date(s) of Illness(es): epilepsy: fainting spells on a very backter data and very backters. (doing date(s) of Illness(es): epilepsy: fainting spells on a very backter data were treated of a pplicable.           Form MonthY:         To MonthY:         Hopital         Location         Reason           10:         Describe any past or present physical handloop or disability: not previoubly overed, but handloing extent of defective vision. If any, with and without glasses and their proceed was performed.         20'			Simp	1.80	<u>ej ej</u>		projed			Boundary			
Complete Name         Location         Length of Acquintinge           No         Press         Location         Length of Acquintinge           No         Press         Second Se													
Complete Name         Location         Length of Acquaintance           No         Angle of Acquaintance         Intervent of the complete Name         Intervent of the complete Name           Style of No         Style Optimization where or have you ever had any of the following: nervous: mental or emotional disorder of any sort; hypertension: therecolosis: epilepsy: finiting spelse on the you ever had any of the following: nervous: mental or emotional disorder of any sort; hypertension: therecolosis: epilepsy: finiting spelse on the you ever had any of the following: nervous: mental or emotional disorder of any sort; hypertension: therecolosis: epilepsy: finiting spelse on the you ever had any of the following: nervous: mental or emotional disorder of any sort; hypertension: theread(s), finiting spelse), from MonthYr           From MonthYr         To MonthYr         No         If "Yes," device of the population of the population of institution where restel (if applicable).           From MonthYr         To MonthYr         Hospital         Acation         Reason           Describe any net or present physical handlesp, or disability, nor provioudy covered, but including even of defective vision, if any, with and without glasses and frictrice in color vision and hearing. Have you applied for, or do you inhered to apply for a defective, intending physical defectors, and any of the population or complexation for any disability?         Yes         No         If "Yes," describe difficulties, and any of the population or complexation chain number.           RIGHT EVE         Corrected         20'													
Complete Name         Location         Length of Acquaintance           Image: Complete Name         Location         Length of Acquaintance           XV. PHYSICAL DATA         XV. PHYSICAL DATA           Do you now have or have you vert had any of the following: merous: menual or comotional disorder of any sort: hypertension: tubercalosis: epilepsy: finiting spels on ever backfords exidence: menual for each start difference on the you cover back of any series of the series. Figure 4 (fraght-able).         Yes         No         If "Yes," describe. giving date(s) of illnesses(c) and man?         Yes         No         If "Yes," describe. giving date(s) of illnesses(c) and man?         Yes         No         If "Yes," describe. giving date(s) of illnesses(c) and man?         Yes         No         If "Yes," describe. giving date(s) of illnesses(c) and man?         Yes         No         If "Yes," describe. giving date(s) of illnesses(c) and man?         No         If "Yes," describe. giving date(s) of illnesses(c) and man?         Reason           From MonthYr         To MontoYr         To MontoYr         Reason         Reason         Reason           Describe any net or present physical backleap, or disability, not perviously covered, ba backleag extend of differences, and and any down, and what amoent when, why. If applicable, include Verse," describe and discide defects, and any other any and the any one or competantion for any dilabability?         Yes         No         If "Yes," describe any other and the any of the distension at competantion channeabact.         Yes													
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RIGHT EYE         Corrected         20/			lave you ever u	ndergoneradia	al keratonomy?	Y	es l	No If "Yes,	" give date(s), a	ttendi	ing physician(s	) and locatior	n(s)
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Uncorrected         20/		Corrected	20/						Corrected	20/			
Ave 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" No If "Yes" what kind, granted by whom, and what amount, when, why. If applicable, include Veteran's Administration claim number.      Do you have any physical defects such as, but nor limited to, a bone, joint or other deformity or loss of finger, which would preclude unrestricted, regular participation phases of firearms training, physical training and defensive tactics? Yes No If "Yes," describe below:      Note: An affirmative answer to any or all questions 1-5 will not necessarily disqualify you from consideration.     XVI. PERSONAL DECLARATIONS      Do you use or have you ever used intoxicants? Yes No 2. If so, to what extent?      To you use or have you ever used such items as marijuana, hashish, cocaine, LSD, amphetamines, heroin, or drugs of a similar nature? Yes No     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      If 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.     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, scist, communist, or subversive or which has adopted, or shows a policy of advocating or approving the constitutional means? Yes No     you nave 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 ordersion or have you fines is "Yes," explain fully.)     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 ordersion or	RIGHT EYE	TT	20/			LE	FT EYE		T	20/			
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XVI. PERSONAL DECLARATIONS         Do you use or have you ever used intoxicants?       Yes       No       2. If so, to what extent?										le uni	restricted, regul	ar participati	on in
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c. Circumstances d. How many times used e. First time used f. Last time used List the names of all federal, state or local government departments, agencies, or offices (including law enforcement) to which you have applied for employment. 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. 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, ascist, 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 the ghts 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 answer to any of these is "Yes," explain fully.)	. If answer to Question	3 above is "Yes"	, complete the f	ollowing item	s for each drug	used:							
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<ul> <li>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, associat, 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 the ghts 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</li> <li>answer to any of these is "Yes," explain fully.)</li> <li>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 rofession 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 f answer to any of these is "Yes", explain fully.)</li> <li>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 ou are or have been closely associated (including relatives and roommates) which might tend to reflect unfavorably on your reputation, morals, character, ability or the United States? Yes No If "Yes", please attach a separate piece of paper, appropriately numbered, giving your version of this/these incident(s).</li> </ul>	If to your knowledge	any of the above h	ava aanduatad	an investigati	on of you indi	oto th	nome of t	ha aganay and	the ennewimet	a date	of the investig	ation	
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0. Have you previously applied for or held a StateConstable's Commission? Yes No If yes, give date	0 Have you previously	applied for or be	ld a StateConst	able's Comm	ission?	Zes	No	If yes, give da	ate				

#### 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?     Yes     No       (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



## 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: \_\_\_\_\_



## 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:



## JUDGMENT STATEMENT AFFIDAVIT

Ι,	,
Name	Street
City	do hereby certify that Zip Code
	-r ····
I have no judgments against me in the County of	which I reside or any
other County in South Carolina.	
	Signature
	~-0
	Date

Sworn and subscribed before me this

\_\_\_\_\_day of \_\_\_\_\_\_, 20\_\_\_\_\_

Notary Public for South Carolina

My Commission Expires:



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## 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\_\_\_.

(Print Name)

(Signature)

Sworn to this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20

Notary Public for South Carolina

My Commission Expires: \_\_\_\_\_



#### **REPORT OF STATE CONSTABLE EXAMINATION**

\*\*\*\*\*\*

#### TO THE EXAMINING PHYSICIAN:

All information <u>MUST</u> 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						
	Date of Birth					
capable of performing the essential functions of the	knowledge. This information will be used to determine whether I am medically he physical demands while assisting law enforcement with the State Constable to perform these activities will be made available to SLED. Other Information					
Signature	Date					
1. Do you have or have you ever had any of the following? Check all that apply:	2. Are you allergic to any medicines, food or other substances? If so, what?					
Measles						
Bronchitis	3. Do you use: Yes No How Much? In Past?					
Mumps	Cigarettes					
Chickenpox	Alcohol Drugs					
Seizures	4. List all medications you take regularly:					
Pneumonia	1. Dist all modelations you take regulary.					
Tuberculosis (TB)						
Cancer						
Diabetes						
Blood Problems	5. Family History: Have your mother, father, sister or brother had the					
High Blood Pressure	following: YES NO					
Heart Problems	Diabetes					
Kidney Problems	High Blood Pressure					
Ulcers	Heart Disease					
Arthritis	Cancer					
Hernia	Stroke					
Hemorrhoids	Tuberculosis (TB)					
Skin Problems						
Back Problems						
Asthma						
Lung Problems						
Mental Illness						
Hepatitis						
Surgery - Explain:						
Serious Injuries - Explain:						
• •	Job you have held longest: emicals, loud noise or radiation at work or elsewhere? Yes N					
Explain: Have you ever been unable to hold a job becaus Explain:	se of medical reasons? Yes No					
Have you ever received Workers' Compensatio Explain:	n? Yes No					
Have you lost time from work for medical reaso Explain: Examiner's Comments:	ons in the past five years? Yes No					



## STATE CONSTABLE MEDICAL EXAMINATION

Height			_	Weight Pulse		
Blood Pressure						
Visual Acuity	(R)	(L)		With	hout Correction	
	(R)	(L)		With	h Correction	
Color Vision _				_		
_				Abnormal	Explanation	
	Eyes					
	Ears					
	Hearing					
	Nose					
	Throat					
	Mouth					
	Neck					
	Abdomen					
	Hernia					
	Genitourinary					
	Back					
	Extremities					
	Upper					
	Lower Neurologic					
	Skin					
	U.A pl TB Skin Test	H	s.g.		Chemistry	

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

COMMENTS:

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		

20

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\_\_\_\_\_

Notary Public for South Carolina My Commission Expires: