



## GROUP II STATE CONSTABLE REQUIREMENTS

### (Retired Police Officers)

The following forms and information must be submitted to the S.C. Law Enforcement Division (SLED) in order to process a Group II 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).
- Group II Constables consist of those individuals who have served as sworn law enforcement officers in the state of South Carolina and honorably retired in that capacity.

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 **will not** 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 RETIRED LAW ENFORCEMENT

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

Group II Non-Working      Group II Working

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)	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>	4. Place of Birth (City, State)				
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



## 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 below:

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 \_\_\_\_\_







**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**

I, \_\_\_\_\_, \_\_\_\_\_ 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

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



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\_\_\_\_\_.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

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

\_\_\_\_\_  
Notary Public for South Carolina

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



**REPORT OF STATE CONSTABLE EXAMINATION**

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**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: \_\_\_\_\_

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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 any of the following? Check all that apply:

- Measles
- Bronchitis
- Mumps
- Chickenpox
- Seizures
- Pneumonia
- Tuberculosis (TB)
- Cancer
- Diabetes
- Blood Problems
- High Blood Pressure
- Heart Problems
- Kidney Problems
- Ulcers
- Arthritis
- Hernia
- Hemorrhoids
- Skin Problems
- Back Problems
- Asthma
- Lung Problems
- Mental Illness
- Hepatitis
- Surgery - Explain: \_\_\_\_\_
- Serious Injuries - Explain: \_\_\_\_\_

2. Are you allergic to any medicines, food or other substances? If so, what? \_\_\_\_\_

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: 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

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## 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: