



GROUP III 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 III 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).
- Three letters of recommendation or one letter with three signatures recommending applicant for commission. Letters of recommendation should be from persons other than those listed as references on the application.
- A copy of high school diploma or recognized equivalency certificate (must be recognized by the S.C. Department of Education).
- Money order, certified check, or cashier's check in the amount of \$50.00 payable to the S.C. Law Enforcement Division. The fee is **non-refundable**, so please ensure you meet eligibility for a commission prior to applying.

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 **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.

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, _____, _____
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

My Commission Expires: _____



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 _____

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

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: