Office of the Governor
State of South Carolina

Application for Boards, Commissions, and Committees

Your nomination **will not** be complete until this application is filed.

1] Your Name:

Dr./Mr./Mrs./Ms. _____
Last First Middle

2] Name of Board, Commission, or Committee you are being considered for:

_____

3] Your Current Address, City, Zip Code and County: Your Congressional District: _____

_____

_____

4] Home Telephone: _____ 5] Office Telephone: _____ 6] Fax: _____

7] Mobile Telephone: _____ 8] Email Address: _____

9] Drivers License # _____ 10] Social Security #: _____

11] Voter Registration # _____ 12] Date of Birth: _____

13] Race: _____ 14] Sex: Male / Female

15] Level of Educational Background Completed:

Some High School _____

High School graduate or equivalence (G.E.D.) _____

Some College _____

College graduate _____

Professional degree (please specify) _____

16] Present Employer _____

Address _____

Current Position _____

17] Years of residence in South Carolina: _____

18] Have you ever been arrested for a crime other than a minor traffic violation? _____ If so, give details.*

19] Have you filed state and federal income tax returns for the past five years? _____ If not, give details.*

20] Are you or any company in which you have a controlling interest delinquent in any local, state or federal taxes? _____ If so, give details.*

21] Have you ever defaulted on any state or federal student loan? _____ If so, give details.*

22] Have you been treated for any alcohol, drug addiction, or substance abuse for the preceding five years? _____ If so, give details.*

23] Have you been party (plaintiff or defendant) in any state or federal litigation for the preceding five years? _____ If so, give details.*

24] Have you ever served in the military? _____
Were you honorably discharged? _____ If not, give details.*

25] Have you ever been terminated from employment for cause? _____ If so, give details.*

26] Have you or any employer in the preceding ten years been investigated, reprimanded, fined, or suspended for doing business with any state or federal agency? _____ If so, give details.*

27] Have you ever been disciplined or fined by the State Ethics Commission? _____ If so, give details.*

28] Have you ever been disciplined or fined by any professional or regulatory agency? _____ If so, give details.*

29] Do you serve on any local or state board, commission, committee, or elected office? _____ If so, list.*

30] Are you a registered lobbyist in the State of South Carolina? _____

31] Do you or any member of your immediate family receive any income, compensation or benefits from state and local agencies in South Carolina? _____ If so, give details.*

32] Do you or any member of your immediate family have any interest in any business that has, is, or will do business with the State of South Carolina or the entity for which you are applying? _____ If so, give details.*

33] Are you or any member of your immediate family associated with any business regulated by the entity to which you are applying? _____ If yes, give details.*

34] Have you or any member of your immediate family sold, leased, or rented personal property to any state or local

public agency in South Carolina? _____ If so, please identify *:

a) the type of property,
b) the name of the agency(s) involved,
c) the value of the transaction(s).

35] Do you or any member of your immediate family owe a debt in excess of $500 to any creditor regulated by the entity to which you are applying? _____ If so, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)

36] Do you or any member of your immediate family owe a debt in excess of $500 to any creditor seeking a business relationship with the entity for which you are applying? _____ If so, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)

37] Do you or any member of your immediate family receive compensation from any individual or business that contracts with the entity for which you are applying? _____ If yes, please identify *:

a) the individual or business,
b) the amount of compensation paid to you,
c) the nature and amount of the contract,
d) the governmental entity involved.

38] Are you currently a Foster Parent with an active foster care license? _____

39] Do you currently serve as a volunteer Guardian ad Litem? _____

40] I, _____, agree that, if I am appointed to the _____, I will attend all stated or called meetings of this entity. If I am absent from three consecutive meetings, or if I am absent from half of the meetings within a six-month period, then I will resign my appointment. However, if the Chairperson excuses my absence prior to the meeting, in recognition of circumstances beyond my control (illness, family emergency, etc.), then I am entitled to retain my position.

*Use extra sheet if necessary.

CERTIFICATION OF APPLICANT

Personally appeared before me, the applicant, who being duly sworn, disposed, and says that all his/her statements are true, accurate and complete: and that he/she knows and agrees that any misrepresentation or omission of the facts may result in his/her being disqualified or being discharged should he/she already be appointed by the Governor. He/she authorizes the State Law Enforcement Division to conduct a background investigation including, but not limited to, a criminal history, driving record and credit check. He/she also authorizes the Governor's Office to provide the nominating authorities with copies of this application, the criminal history and credit report and any other information gathered in processing this appointment.

_____

Applicant's Signature

Sworn and subscribed before me this _____ day of _____,Two Thousand and _____.

_____

Notary Public for South Carolina

My commission expires_____