



**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. Please return the application to:
Office of the Governor, Attn: Madison Walker, 1205 Pendleton Street, Columbia, South Carolina 29201.

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 _____

South Carolina Department of Social Services
CONSENT TO RELEASE INFORMATION

My signature below serves as my consent to authorize the South Carolina Department of Social Services, Division of Human Services, to conduct a search of the Child Abuse and Neglect Central Registry on myself and release the information to the individual/organization listed below. I also understand that all information provided on this form will be released to the individual/organization listed below. I understand that the information may prove unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with the release of information I have requested using this form. If it appears to me that the information in the Registry has not been updated or appears inaccurate, I will notify the Department immediately.

This consent is effective for a one time search of the Central Registry for the purpose of: Foster Care Review Board

Mail Results To: _____

Please Print or Type: (Complete spelling of name required, first, middle and last – no initials.)

Name: _____ DOB: _____ Sex: _____ Race: _____
 Maiden/Former Name: _____ Name Change: _____
 Place of Birth: _____ SSN: _____
 Current Address: _____ Previous Address: _____

This form MUST be witnessed (may be notarized). Submit appropriate payment and form for processing to:
 South Carolina Department of Social Services, Attention: Cashier, P.O. Box 1520, Columbia, South Carolina 29202-1520;
 Telephone (803) 898-7318.

 Signature of Applicant _____
Date

 Signature of Notary or Witness _____
Date

RESULTS OF SEARCH OF THE CHILD ABUSE AND NEGLECT CENTRAL REGISTRY

(This section to be completed by an authorized DSS employee only – Division of Human Services.)

- The name is not listed as a perpetrator in the Child Abuse and Neglect Central Registry.
- The name is listed as a perpetrator in the Child Abuse and Neglect Central Registry. According to state law, being named as a perpetrator prohibits an individual from being a guardian ad litem, member of the Foster Care Review Board, licensed foster parent or operating or working in a child day care facility or being employed, operating or volunteering in a residential child care facility. Further, being named as a perpetrator may affect an individual's capacity to adopt a child.
- Your request has been received. Please allow an additional 30 to 60 days to process your inquiry.
- Other – See attached correspondence.

 Authorized DSS Employee _____
Date