



KEVIN L. BRYANT
LIEUTENANT GOVERNOR

STATE OF SOUTH CAROLINA
OFFICE OF THE LIEUTENANT GOVERNOR

POST OFFICE BOX 142
COLUMBIA, SOUTH CAROLINA 29202

Application for Boards, Commissions, and Committees

Your Nomination will not be complete until this application is filed.

Please return the application to:
Lieutenant Governor's Office on Aging
Attn: Gerry Dickinson
1301 Gervais Street, Suite 350
gdickinson@aging.sc.gov

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:

4] Congressional District: _____

5] Home Telephone: _____ 6] Office Telephone: _____ 7] Cell Telephone: _____

7] Email Address: _____

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

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

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

14] Level of Educational Background Completed:

Some High School: _____

High School Graduate or equivalence (G.E.D.): _____

Some College: _____

Undergraduate Degree: _____

Graduate and/or Professional Degree: _____

Doctoral Degree: _____

15] Present Employer: _____

Address: _____

Current Position: _____

16] Years of Residence in South Carolina: _____

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

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

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

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

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

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

23] Have you ever served in the military? _____

Were you honorably discharged? _____ If not, give details.*

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

25] 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 yes, give details.*

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

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

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

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

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

31] 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 yes, give details.*

32] 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.*

33] 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 yes, please identify*:

The type of property:

The name of the agency(s) involved:

The value of the transaction(s):

34] 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 yes, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan, or other licenses financial institution.)

35] 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 yes, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan, or other licenses financial institution.)

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

The individual or business:

The amount of compensation paid to you:

The nature and amount of the contract:

The governmental entity involved:

37] 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.

***Provide explanation or additional information on separate sheet if necessary.**

Certification of Applicant

Personally appeared before me, the applicant, who being duly sworn, disposed, and says that al 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 Lieutenant Governor. He/she authorizes the State Law Enforcement Division to conduct a background investigation including, but not limited to, a criminal history, driving records, and credit check. He/she also authorizes the Lieutenant Governor’s Office to provide the nominating authorities with copies of this application, the criminal history, credit report, and any other information gather 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