

**MILITARY DEPARTMENT
STATE OF SOUTH CAROLINA
SOUTH CAROLINA STATE GUARD
OLYMPIA ARMORY, 551 GRANBY LANE
COLUMBIA, SOUTH CAROLINA 29201
803-253-4128 or 1-866-238-3181
803-253-6210 FAX
www.sg.sc.gov**

State Guard Applicant:

Thank you for your interest in the South Carolina State Guard. You have taken the first step toward becoming a member of one of our State's oldest military organizations. Because the State Guard is a part of the South Carolina Military Department, there are a number of qualifications that all new personnel must meet. Some of these requirements are as follows:

- Between the ages of seventeen (17) years (with parent/guardian consent) and 71 years.
- A US citizen or a resident of South Carolina with intention of becoming a US citizen.
- Meet height/weight standards. *(See attached copy)*
- Meet basic medical condition criteria. (Cannot have a medical condition that could endanger self or others.)
- No record of Drug or Alcohol abuse.
- An Honorable or General Discharge (Under Honorable Conditions) from prior active or reserve military service.
- Cannot be a current member of an active or reserve component of the US Armed Forces or of another State Defense Force.
- If no prior Federal Service, a high school diploma or GED to be enlisted higher than the rank of Private.
- An Associate Degree and special skills required by State Guard to receive an appointment to warrant officer.
- Prior active service as a commissioned officer or enlisted service with at least the rank of SGT and a degree to be appointed as a commissioned officer.
- A clear police check with no felonious charges or excessive misdemeanors.

If you meet membership requirements, please complete the enclosed form and attach the "**Required**" documents. **Please also include any of the other qualifying documents that apply.**

- SCSG Form 20\66 – Record of Basic Data (Enclosed) **Required**
- Copy of birth certificate **(Required)**
- Copy of social security card **(Required)**
- Copy of drivers license **(Required)**
- Copy of high school diploma or GED **(Required for enlistment higher than the rank of Private)**
- Copy of DD214 or NGB 22 or discharge from Reserve (While prior Federal service is not required for membership, **if individual has prior service these documents are required.**)
- Copy of associate, bachelors, masters, or doctoral degree
- Copy of all pertinent civilian education documentation (e.g.: law enforcement or fire academy, EMT)
- Verification of ROTC
- Special training documentation (e.g.: FEMA, Red Cross, National Safety Council or other)
- Civilian licensed skills (e.g.: CDL)
- **SCSG Form 41 (Request for Issue of Uniform) and SCSG Form 801 (Medical Evaluation Form) must be submitted in order to complete your application. Ask your SCSG contact for these forms when completing the membership process.**

Once you have completed your application, please call 803-299-4238 or toll free at 1-866-238-3181 so that we may assist you with contact information for a unit in your area.

(Rev 25 Jun 2013)

RECORD OF BASIC DATA

SECTION I - GENERAL

1. NAME OF APPLICANT (Last, First, Middle. If no middle name, write NMN)	2. SOCIAL SECURITY NUMBER (MANDATORY)
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3. CURRENT RESIDENTIAL ADDRESS (Number, Street, City, State, ZIP)	4. MAILING ADDRESS IF DIFFERENT THAN #3
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5. HOME PHONE NUMBER ()	6. E-MAIL ADDRESS	7. FAX NUMBER ()
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8. CELL PHONE NUMBER ()	9. BUSINESS PHONE NUMBER ()	10. SEX	11. PLACE OF BIRTH (City, County, State)	12. CITIZENSHIP
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13. HEIGHT	14. WEIGHT	15. HAIR COLOR	16. EYE COLOR	17. COMPLEXION	18. BLOOD TYPE	19. DATE OF BIRTH (Day, Month, Year)
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20. SCSG UNIT (Co/Bn/Bde)	21. (PARA/LINE)	22. POSITION DESCRIPTION	23. MARITAL STATUS	24. SPOUSE'S FIRST NAME
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25. OTHER NEXT OF KIN FOR EMERGENCY NOTIFICATION

Relationship and Name	Address

26. NAME OF PRESENT EMPLOYER (State if self-employed)	27. JOB TITLE
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28. ADDRESS OF EMPLOYER (Number, street, city, ZIP)	29. FROM - TO
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30. FORMER EMPLOYER (Name)	31. ADDRESS (Number, street, city, ZIP)	32. FROM - TO
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33. FORMER EMPLOYER (Name)	34. ADDRESS (Number, street, city, ZIP)	35. FROM - TO
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36. CIVILIAN EDUCATION (List high schools, trade schools, colleges and universities attended):

Name of School	Location (City & State)	Graduate (Y/N)	Year	Degree or Rating Awarded
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SECTION II - MILITARY SERVICE

1. PRIOR MILITARY SERVICE (List each major period of duty) : IF NONE, CHECK HERE

From - To (Day/Month/Year)	Highest Grade	Armed Force	Branch	Duty Assignment	Last Unit & Station (Location)
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2. MILITARY SERVICE MEDALS, COMMENDATIONS, CITATIONS AND DECORATIONS AWARDED:

3. MILITARY SCHOOLS COMPLETED:

<u>Name of Course</u>	<u>Name of Service School and Location</u>	<u>Year Completed</u>	<u>Qualification Awarded</u>

SECTION III - LEGAL

HAVE YOU EVER BEEN CONVICTED OF A FELONY, ARRESTED, CHARGED, CITED, DETAINED, OR HELD BY ANY LAW ENFORCEMENT OR JUVENILE AUTHORITIES, OR HAVE YOU EVER BEEN CONVICTED, FINED OR FORFEITED BOND TO ANY JUDICIAL AUTHORITY, OR HAVE YOU EVER BEEN ADJUDICATED A YOUTHFUL OFFENDER OR JUVENILE DELINQUENT, OR HAVE YOU EVER BEEN DETAINED, HELD IN OR SERVED TIME IN ANY JAIL, PRISON OR REFORM OR INDUSTRIAL SCHOOL OR JUVENILE FACILITY OR INSTITUTION, OR ARE YOU NOW UNDER SUSPENDED SENTENCE, PAROLE OR PROBATION, OR ARE YOU AWAITING ANY ACTION ON CHARGES AGAINST YOU? HAVE YOU EVER BEEN SUBJECT TO COURT-MARTIAL OR NON-JUDICIAL PUNISHMENT WHILE IN THE MILITARY SERVICE? HAVE YOU EVER USED ANY NARCOTIC, DEPRESSANT, STIMULANT, HALLUCINOGEN (TO INCLUDE LSD OR PCP), OR CANNABIS (TO INCLUDE MARIJUANA OR HASISH), EXCEPT AS PRESCRIBED BY A DOCTOR? HAVE YOU EVER BEEN INVOLVED IN THE ILLEGAL PURCHASE, POSSESSION OR SALE OF ANY NARCOTIC, DEPRESSANT, STIMULANT, HALLUCINOGEN OR CANNABIS? (INITIAL ONE) YES _____ NO _____

ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED WITH ANY ORGANIZATION, ASSOCIATION, MOVEMENT, OR GROUP WHICH ADVOCATES THE OVERTHROW OF THE CONSTITUTIONAL FORM OF THE GOVERNMENT OF THE UNITED STATES OR SEEKS TO OVERTHROW THE GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? (INITIAL ONE) YES _____ NO _____

IF YOU ANSWERED "YES", EXPLAIN IN SECTION IV.

SECTION IV - CONTINUATION

CONTINUATION OF INFORMATION FROM ABOVE - IDENTIFY SECTION NUMBER. USE BLANK SHEETS IF MORE SPACE REQUIRED:

I AUTHORIZE ANY LAW ENFORCEMENT AGENCY TO RELEASE TO ANY OFFICER OF THE SC STATE GUARD ANY RECORD OF CRIMINAL HISTORY ON FILE CONCERNING ME. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND IS MADE IN GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH, (U.S. Code, Title 18, Section 1001), AND MAY LEAD TO IMMEDIATE DISCHARGE.

DATE SIGNED

SIGNATURE OF APPLICANT