

# S.C. State Constable Information Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_ Pager \_\_\_\_\_

Cell \_\_\_\_\_ Alt. \_\_\_\_\_

I desire to work as a State Constable with the Horry County Police Department.

**AFFIDAVIT:** By affixing my signature below, I do affirm that I understand that I am to act as if I were an employed officer within the above named department while the department shall consider that I am a voluntary duty officer. I will abide by the rank structure, uniform code, and all policies and procedures of the above department. If I fail in any areas of duty or policy I understand that I must answer to my immediate commanding officer and abide by their decisions.

Signed: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

Witnessed by: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

It is mandatory that this form be completed and returned to the Horry County Police Department Training Division or to the Constable Liaison Officer. Failure to return this form will preclude you from any further participation in the Constable Work Program.

In order to maintain your eligibility to work with the Horry County Police Department, the S.C. Constable Monthly Working Report must be turned in by the tenth of the month following the month of work.