



MILITARY DEPARTMENT OF SOUTH CAROLINA
SOUTH CAROLINA STATE GUARD
551 Granby Lane • Columbia, S.C. 29201 • (803) 253-6210
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 the State's oldest military organizations. The State Guard is a part of the South Carolina Military Department and there are a number of qualifications that all new personnel must meet. Some of these requirements are as follows:

- Be between the ages of Seventeen (17) years (with parent / guardian consent) and Seventy-One 71 years of age.
- A US citizen or a resident of South Carolina. Non-US citizens must show proof of application for Citizenship.
- Meet basic medical condition criteria. (Cannot have a medical condition that would endanger self or others).
- No record of drug or alcohol abuse.
- No visible tattoos on neck above the collar or the t-shirt or below the wrist bone.
- Meet Height and Weight requirements (Reference the Height/Weight chart included with this document. See: Form 20/66 Record of Basic Data: Height /Weight Chart.
- An Honorable or General Discharge (Under Honorable Conditions) if 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 you meet the membership requirements listed above, please complete the attached Record of Basic Data form and be prepared to submit all REQUIRED documents that apply. Your completed application will not be processed until ALL REQUIRED documents are submitted to the SCSG Administrator's Office. Email complete application to SCSGApplications@tag.scmd.state.sc.us.

- If prior Federal service – copy of DD214 or NGB22 or discharge from the Reserves-REQUIRED
- SCSG Form 20/66 Record of Basic Data (attached) – REQUIRED
- Copy of Diploma showing your highest achievement – REQUIRED
- Copy of Social Security Card – REQUIRED
- Copy of birth certificate (Current passport is acceptable) – REQUIRED
- Applicants must complete the attached "Notice and Authorization for Background Check" – REQUIRED
- Complete a SCSG Medical Service Inquiry Form 801 (attached) – REQUIRED
- Any special training documents or civilian licensed skills that you would like to be included in your Enlistment Packet i.e., CDL – OPTIONAL

Do you read or speak any languages other than English? Do you know American Sign Language. Please Explain:

How did you hear about the S.C. State Guard?

SCSG Height/Weight Chart

(Rev Oct 2014)

Male [weight in pounds by age]

Female [weight in pounds by age]

Height	17-20	21-27	28-39	40+	Height	17-20	21-27	28-39	40+
58					58	139	141	142	144
59					59	144	154	146	148
60	152	156	159	161	60	148	149	151	153
61	156	160	164	166	61	152	154	155	157
62	161	164	168	170	62	156	158	160	162
63	165	169	173	175	63	161	163	164	166
64	170	174	178	180	64	165	167	169	171
65	175	179	183	185	65	170	172	174	176
66	180	183	188	190	66	175	176	178	181
67	185	189	194	196	67	179	181	183	186
68	190	194	199	201	68	184	186	188	191
69	195	199	204	206	69	189	191	193	196
70	200	205	209	212	70	194	196	198	201
71	205	209	214	217	71	199	201	203	206
72	210	215	220	223	72	204	206	208	211
73	215	220	225	228	73	209	211	214	217
74	221	226	231	234	74	214	217	219	222
75	226	232	237	240	75	220	222	224	228
76	232	237	243	246	76	225	227	230	233
77	238	243	249	252	77	230	233	235	239
78	243	249	253	258	78	236	238	241	245
79	249	255	261	264	79	241	244	247	250
80	254	260	267	270	80	247	250	253	256

Add 6 pounds per inch for males and 5 pounds for females over 80 inches in height.

RECORD OF BASIC DATA

APPLICANT INFORMATION

NAME: LAST		FIRST		MIDDLE or "NMN"	
SUFFIX:	GENDER (M or F): M F	NICKNAME:		BIRTH DATE (MM/DD/YYYY):	Last Four Digits of SSN:
COUNTRY OF CITIZENSHIP:	IF NOT U.S. CITIZEN, PLAN TO NATURALIZE: Y or N Y N		IF U.S. BIRTH, LOCATION:	STATE	CITY
RESIDENTIAL STREET ADDRESS:		CITY		STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT):		CITY		STATE	ZIP CODE
EMAIL:		CELL PH #	HOME PH #	Other Ph #	
HEIGHT (INCHES):	WEIGHT (LBS):	HAIR COLOR:	EYE COLOR:	BLOOD TYPE:	RACE:

EMPLOYMENT INFORMATION

CURRENT EMPLOYER:		SUPERVISOR:		SUPV PH #:	
EMAIL:		WORK PH #	POSITION:	START DATE (MM/DD/YYYY):	
PLACE OF EMPLOYMENT STREET ADDRESS:		CITY		STATE	ZIP CODE:

EMERGENCY CONTACT INFORMATION

NAME: LAST		FIRST		RELATIONSHIP:	
RESIDENTIAL STREET ADDRESS:		CITY:		STATE:	ZIP CODE:
CELL PH #	HOME PH #	EMAIL:			

CIVILIAN EDUCATION (List most recent first):

SCHOOL/INSTITUTION	LOCATION (CITY, STATE)	YEARS ATTENDED (XX - XX)	DEGREE CONFERRED	EXPL NOTE, IF NEEDED

MILITARY SERVICE INFORMATION

IF NONE, CHECK HERE:

TYPE	BRANCH	ACTIVE or RESERVE	YEARS SERVED (XX - XX)	DISCHARGE or RETIREMENT	DOCUMENT ATTACHED
FEDERAL		A R		D R	DD-214 Y N
NATIONAL GUARD		A R		D R	NGB-22 Y N
STATE GUARD		A R		D R	
OTHER (ROTC, CAP, etc)					

SKILLS AND CERTIFICATIONS

SPECIAL SKILLS, LICENSES, or CERTIFICATIONS:	ISSUING AUTHORITY or JURISDICTION:	DATE ISSUED:	EXPIRATION DATE:

ADDITIONAL INFORMATION

ARE YOU CURRENTLY A SC State Employee Y N IF YES, PLEASE PROVIDE SCEIS NUMBER:

Please provide Usernames / Handles for all "Social Media Accounts." Attach a separate sheet if additional space is required. Please initial this block to acknowledge that you are aware that social media will be reviewed for the suitability of service in the State Guard. Failure to supply this information will be grounds for rejection of the application.

 INITIALS

NAME: LAST	FIRST	MIDDLE or "NMN"
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LEGAL INFORMATION -- YOU MUST INITIAL YOUR ANSWERS

Are you now or have you ever: (1) been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities; (2) knowingly engaged in any acts of terrorism (3) advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force; (4) been a member of an organization dedicated to the use of violence or force to overthrow the U.S. Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or the specific intent to further such activities; (5) been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any State of the U.S. with the specific intent to further such action; or (6) knowingly engaged in activities designed to overthrow the U.S. Government by force?

INITIAL BELOW:
 Y _____ N _____

ADDITIONAL INFORMATION THAT THE APPLICANT BELIEVES NECESSARY TO SUPPORT MEMBERSHIP IN S.C. STATE GUARD:

CERTIFICATION & SIGNATURE

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. **ELECTRONIC SIGNATURE AGREEMENT:** The SCSG asks that applicants complete SCSG form 20-66 and sign it electronically, thus replacing the manual/handwritten. Subsequent written signatures may be required prior to acceptance into the SCSG. By selecting the "I ACCEPT," you are signing this agreement electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten. **ACKNOWLEDGMENT:** My electronic signature is legally binding. please make the appropriate selection and provide your signature. **SELECT ONE.**

DATE (MM/DD/YYYY):	SIGNATURE:
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SCSG OFFICE USE ONLY

BOARD DATE:	RANK ASSIGNED:	UNIT ASSIGNED:	LINE NUMBER:	SCSG EMAIL:
DATE OF OATH:	REASON FOR REJECTION/DECLINE:			

Application Submission Instructions

Thank you for your interest in the South Carolina State Guard.

1. Save this form as a PDF and then submit email to SCSGApplications@tag.scmd.state.sc.us
2. Please maintain a copy of this form for your personal records

SOUTH CAROLINA STATE GUARD MEDICAL SERVICE INQUIRY

Save this form as a PDF and then submit email to
SCSGApplications@tag.scmd.state.sc.us

Name: _____ SSN (Last 4) ____ _

Address: _____ Civilian Occupation: _____

Phone: ____ - ____ - _____ Cell: ____ - ____ - _____ Work: ____ - ____ - _____

DOB: ____/____/____ Height (inches): _____ Weight: _____
use drop down menu for DOB

Medical History

Allergies: _____

Glasses: Yes No

Contacts: Yes No

Hearing Aids: Yes No

Other: _____

Blood Type: _____

Do you have a history of:

- Headaches
- Shortness of Breath
- Heart Palpitations
- Heart Murmur
- Heart Attack
- Chest Pain
- Dizziness/Fainting
- Peripheral Vascular Disease
- Allergies/Hay Fever
- Bronchitis
- Knee or Hip Problems
- Pneumonia
- Ulcer(s)
- GI Disorder(s)
- Lactose Intolerance
- Gallbladder Disease
- Prostate Disease
- GYN Disease/Disorder
- Bowel Irregularities
- Hearing Loss
- Tinnitus (ringing in ears)
- Back Problems
- Diabetes
- Hepatitis
- Anemia
- Osteoarthritis
- Hypertension (High B/P)
- Depression
- Gout
- Stroke
- Chronic infectious disease
- HIV
- Rheumatic Fever
- Glaucoma
- Epilepsy
- Bleeding Disorder
- Kidney Disease
- Thyroid Disorder
- Mental Health Issues
- TB
- Cancer
- Shoulder Problems

Other : _____

Tobacco use: Yes No Smoke Smokeless Vapor

Alcohol use: How many drinks do you have in a week? _____

Do you have sleep problems? Yes No Trouble going to sleep or staying asleep? Yes No

Excessive sleepiness during the day? Yes No Sleep Apnea? Yes No Do you use a CPAP? Yes No

Exercise Routine:

- No exercise plan
- Less than 3 x per week
- 3 x per week for more than 30 minutes
- More than above

Nutrition:

Do you have appetite problems? Yes No

Special Diet: _____

Do you feel you are "fit": Yes No Do you need help starting a fitness plan: Yes No

Do you have contact /exposure to blood / body fluids at your civilian jobsite: Yes No

Living Will: Yes No

Immunizations: Flu Hep B Pneumonia Tetanus Shingles

Family physician Name/Phone: _____ () _____ - _____ - _____

Next of Kin (NOK) Name/Phone: _____ () _____ - _____ - _____

Other Phone Numbers: _____

Activity Restrictions: _____

Hospitalizations/Surgeries in past 24 months: No Yes- Explain:

Fractures in past 24 months: No Yes- Explain: _____

Medications (prescribed and over-the-counter): _____

Remarks:

SIGNATURE: _____ PRINT LAST NAME: _____ DATE: _____

Office use only

Category A

Category B

Category C

FULLY DEPLOYABLE

DEPLOY W/ RESTRICTIONS

NON-DEPLOYABLE

OFFICE OF THE ADJUTANT GENERAL
Notice and Authorization For Background Check

NOTICE

This is to inform you that the Office of the Adjutant General may obtain information about you and/or your history related to potential criminal activity. The report from authorized sources may include, among other information, arrest, conviction, and driving record information. The Office of the Adjutant General may additionally obtain information concerning your background, character, medical conditions, employment, education and military experience. Information obtained by the Office of the Adjutant General will be used only for the purposes of assessing your suitability to become or continue as an employee of the State of South Carolina or Agency volunteer.

AUTHORIZATION

I hereby authorize and instruct the Office of the Adjutant General, to procure a report(s) on me, including criminal background history, which I understand may include, among other information: arrest, conviction, and driving record information. I also authorize and instruct the Office of the Adjutant General to verify my Social Security number and to investigate my background and character in any manner they see fit to evaluate my suitability to be or remain as an employee of the State of South Carolina including obtaining information from medical providers, employers, educational institutions, military agencies, and other sources. If I become an employee of the State of South Carolina or Agency volunteer, I authorize the Office of the Adjutant General to repeat these investigations at any time for as long as I remain an employee of the State or an Agency volunteer. I authorize and instruct any individual, corporation, and public or private entity having knowledge about me to furnish the Office of the Adjutant General any and all information they may have regarding me. I unconditionally release and hold harmless the Office of the Adjutant General, and its officers, agents, and employees, and any person furnishing information to them pursuant to this authorization, from any liability, claims, charges, costs, or causes of action which I or my heirs, executors, or assigns may have as a result of the delivery, disclosure, non-disclosure, or omission of any information. I additionally agree to indemnify the Office of the Adjutant General and its officers, agents and employees for any and all attorney fees, court costs, and other expenses resulting from investigating my background, gathering information concerning me, or verifying personal information about me. I understand the information obtained by the Office of the Adjutant General pursuant to this authorization is confidential and will be protected as much as reasonably possible. Furthermore, I understand that the Office of the Adjutant General holds the right to deny my selection and/or continuation as an employee or Agency volunteer based on the results of these investigations, and, for confidentiality, is not required to disclose the reason(s) for doing so. A photocopy of this authorization may be accepted in lieu of the original.

Applicant's Signature: _____ Date: _____

If the above individual is under eighteen (18) years old, the following section must be completed by the Parent / Guardian: I understand and agree that this Agreement is binding on me, my child / ward (named above), our heirs, assigns and personal representatives. I affirm that I am eighteen (18) years old or more and that I am the parent or legal guardian of the child / ward named above.

Parent / Guardian Signature: _____

Parent / Guardian Printed Full Name: _____

Date: _____

PERSONAL IDENTIFICATION AND BACKGROUND INFORMATION

(Please Print)

Complete Legal Name: _____ Gender: M F

If name changed (through marriage or otherwise), former name:

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ State ____ Expires _____

Residences (Past 7 years)

Current Address: _____

City _____ State ____ Zip Code _____

Address: _____

City _____ State ____ Zip Code _____

Address: _____

City _____ State ____ Zip Code _____

Have you ever been charged with or convicted of a misdemeanor? No Yes

Details:

Have you ever been charged with or convicted of a felony? No Yes

Details:

Have you ever been cited for a traffic violation? No Yes

Details: