



Office of the Governor
State of South Carolina

FOR LEXINGTON COUNTY
APPOINTMENTS,
SUBMIT TO THE
DELEGATION OFFICE
205 E Main Street, Ste 203, Lexington,
SC 29072-3456, 803.785.8184

Application for Boards, Commissions, and Committees

Your nomination **will not** be complete until this application is filed with the Governor's Office. Please refer to your nominating authority (County Legislative Delegation, County Council, City Council, etc.) for instructions on how to properly submit this form.

1] Your Name:

Dr./Mr./Mrs./Ms.

Last

First

Middle

2] Name of Board, Commission, or Committee you are being considered for:

LEXINGTON COUNTY MENTAL HEALTH

3] Your Current Address, City, Zip Code and County:

Your Congressional District: _____

2927 TOND BRANCH ROAD
LEE SVILLE SC 29070

4] Home Telephone: 803-657-7227 5] Office Telephone: 803-785-8349 6] Fax: 803-785-2038

7] Mobile Telephone: 803-960-0152 8] Email Address: RAH2927@yahoo.com

9] Drivers License # 004955095 10] Social Security #: 250-19-5227

11] Voter Registration # _____ 12] Date of Birth: 5/01/1960

13] Race: CAUC 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) _____

Lexington County

House District 39 ☒

Senate District 23 ☒

16] Present Employer COUNTY OF LEXINGTON

Address 212 SOUTH LAKE DRIVE LEXINGTON SC 29072

Current Position ASSISTANT BUILDING SERVICES MANAGER

17] Years of residence in South Carolina: 54

18] Have you ever been arrested for a crime other than a minor traffic violation? No If so, give details.*

- 19] Have you filed state and federal income tax returns for the past five years? Yes 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? No If so, give details.*
- 21] Have you ever defaulted on any state or federal student loan? No If so, give details.*
- 22] Have you been treated for any alcohol, drug addiction, or substance abuse for the preceding five years? No
If so, give details.*
- 23] Have you been party (plaintiff or defendant) in any state or federal litigation for the preceding five years? No
If so, give details.*
- 24] Have you ever served in the military? Yes
Were you honorably discharged? Yes If not, give details.*
- 25] Have you ever been terminated from employment for cause? No 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? No If so, give details.*
- 27] Have you ever been disciplined or fined by the State Ethics Commission? No If so, give details.*
- 28] Have you ever been disciplined or fined by any professional or regulatory agency? No If so, give details.*
- 29] Do you serve on any local or state board, commission, committee, or elected office? Yes If so, list.*
Lexington County MENTAL HEALTH
Lexington County DSS
- 30] Are you a registered lobbyist in the State of South Carolina? No
- 31] Do you or any member of your immediate family receive any income, compensation or benefits from state and local agencies in South Carolina? No 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? No 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? No 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? NO 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? NO 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? NO 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? NO 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] I, ROBERT A HALL, agree that, if I am appointed to the LEXINGTON COUNTY MENTAL HEALTH 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.

[Signature]
Applicant's Signature

Sworn and subscribed before me this 19th day of Feb, Two Thousand and 2015.

[Signature]
Notary Public for South Carolina

My commission expires 4/2024

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RECEIVED

FEB 25 2015

Referred to _____

Answered _____