



**Membership Application**

Please Print or Type \_\_\_\_\_ Date of Application \_\_\_\_\_  
MM/DD/YY

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Last First MI

DOB: \_\_\_\_\_ POB: \_\_\_\_\_  
MM/DD/YY City / County State / Country

Home Address: \_\_\_\_\_  
Street City / State Zip Code

Business Address \_\_\_\_\_  
Street City / State Zip Code

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Contact Preference: Business \_\_\_\_\_ Home \_\_\_\_\_

**Academic History:** (Begin with highest level completed. List only high school equivalents or higher.)

| School | Dates Attended | Degree / Major |
|--------|----------------|----------------|
| _____  | _____          | _____          |
| _____  | _____          | _____          |
| _____  | _____          | _____          |

**Polygraph School / Training:** (attach a separate sheet if necessary)

| School / Advanced Training | Dates Attended |
|----------------------------|----------------|
| _____                      | _____          |
| _____                      | _____          |
| _____                      | _____          |

**Polygraph Experience:**

Number of Tests: Specific Issue: \_\_\_\_\_ Pre-Employment: \_\_\_\_\_ Other: \_\_\_\_\_

Current Field: Government \_\_\_\_\_ Law Enforcement \_\_\_\_\_ Private \_\_\_\_\_

Percentage of Time Currently Expended in Polygraph: \_\_\_\_\_ %

State License (s) held: \_\_\_\_\_

Most Recent Seminar Attended: \_\_\_\_\_

Teaching / Research Conducted: \_\_\_\_\_

Publications: \_\_\_\_\_

Other Polygraph Association Memberships: \_\_\_\_\_

**Military Service:**

Branch: \_\_\_\_\_ Type of Discharge (if applicable): \_\_\_\_\_

Active Duty Dates: \_\_\_\_\_ Reserve Dates: \_\_\_\_\_

**Three Character References (non-relatives):**

1<sup>st</sup> Reference: \_\_\_\_\_ Phone: \_\_\_\_\_  
First MI Last

Address: \_\_\_\_\_  
Street City / State Zip Code

2<sup>nd</sup> Reference: \_\_\_\_\_ Phone: \_\_\_\_\_  
First MI Last

Address: \_\_\_\_\_  
Street City / State Zip Code

3<sup>rd</sup> Reference: \_\_\_\_\_ Phone: \_\_\_\_\_  
First MI Last

Address: \_\_\_\_\_  
Street City / State Zip Code

**Prior Address** (if you have been at your current address less than two years):

Address: \_\_\_\_\_  
Street City / State Zip Code

**Employment History** (Last seven years only. List current or most recent employer first):

---

---

---

---

---

Have you ever been denied membership in any polygraph organization? \_\_\_\_\_

Have you ever been denied admission into any polygraph school? \_\_\_\_\_

Have you ever been refused a surety bond? \_\_\_\_\_

Have you ever been asked to resign or have been terminated from any place of employment? \_\_\_\_\_

Have you ever been expelled from membership in any organization? \_\_\_\_\_

(If you answered "yes" to any of the above questions please explain on a separate sheet of paper)

Have you ever been detained, held, arrested, indicted, or summoned to court as a defendant in a criminal proceeding or convicted, fined, imprisoned, or placed on probation or have you ever been ordered to deposit bail or bond for the violation of any law or ordinance, excluding minor traffic violations, for which a fine or forfeiture of \$25 or more was imposed? \_\_\_\_\_

(If you answered "yes", list the date, nature of offense, name and location of the court or place of hearing, and the penalty imposed or other disposition of each case on a separate sheet of paper)

I have answered all of the above questions truthfully, and further, I agree to hold the South Carolina Association of Polygraph Examiners, its members, officers, and agents, free from damage, liabilities, or complaint, by any reason of any action they take in connection with this application.

Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Signature MM/DD/YY

Witness \_\_\_\_\_ Date \_\_\_\_\_  
Signature MM/DD/YY