

Membership Application

Please Print or Type	D	Date of Application			
			MM/DD/YY		
Name:			SS#:		
Last	First	MI			
DOB: PO	B:		_		
MM/DD/YY	City / Coun	ity	State / Country		
Home Address:Stre			7' 0 1		
Stre	et	City / State	Zip Code		
Business AddressStreet	et	City / State	Zip Code		
Business Name:		Business Phone:			
Email Address:		Home Phone:			
Contact Preference: Busin	ness	Home			
Academic History: (Begin	n with highest level comp	leted. List only high sc	hool equivalents or higher.)		
School	Dates Att		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: _____ Government _____ Law Enforcement ____ Private ____ Current Field: 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): 1st Reference: Phone: _____ MI Last Address: _____ Street City / State Zip Code 2nd Reference___ _Phone: ____ First MI Last Address: Street City / State Zip Code 3rd Reference: ___ _ Phone: _____ First MI Last Address: ____ City / State Street Zip Code

Address:		
Street	City / State	Zip Code
Employment History: (Last seven ye	ears only. List current or most recei	nt employer first):
Have you ever been denied member	ship in any polygraph organi	zation?
Have you ever been denied admission	on into any polygraph school	?
Have you ever been refused a surety	y bond?	
Have you ever been asked to resign employment?	or have been terminated from	any place of
Have you ever been expelled from r	nemhershin in any organizati	on?
(If you answered "yes" to any of the above	1 , 5	
Have you ever been detained, held, defendant in a criminal proceeding of probation or have you ever been ord law or ordinance, excluding minor t	or convicted, fined, imprisone dered to deposit bail or bond f	ed, or placed on for the violation of

(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	