



FLORIDA POLYGRAPH ASSOCIATION

Application for Membership

I am applying for: Full Membership Associate Membership Affiliate Membership
(Non-Examiner/ No Voting Rights)
(Full Members must meet qualifications listed in Section VIII)

INSTRUCTIONS

Print or type all information. Each section of this application must be completed and your signature must be notarized. Incomplete applications will not be processed. If an entire section and/or a question does not apply to you, please enter "N/A" or "No" in that space. Should you desire to include additional information, or expand your answer beyond the space limits, please continue your answer(s) on an additional piece of paper, indicating the "Section and Item Number" to which you are referring. Applicants are advised that all information contained in this application will be verified by an appropriate background investigation. Please add your photograph, at least 2" x 2" in size, in the space provided on Page 4. **FALSIFICATION OF ANY PART OF THIS APPLICATION MAY BE GROUNDS FOR REJECTION AND/OR TERMINATION OF MEMBERSHIP.**

SECTION I

Administrative Data

A. Name of Applicant: (Last, First Middle) _____

B1. Residence Address: Street & No. City, State, Zip _____

B2. Business Address: Street & No., City, State, Zip _____

B3. Send all Mail to: Residence Address Business Address

C1. Date of Birth: _____ C2. Place of Birth: _____

D1. Social Security No.: _____ D2. Driver License Number & State: _____

E1. Telephone: Home: () _____ Business: () _____

E2. Other: Fax: () _____ E-Mail Address: _____

Section II

Educational Achievements

F. Highest Grade Completed: (circle)

GED (date): _____ High School: 9 10 11 12 Undergraduate: 13 14 15 16 Graduate: 17 18 19+

G. List Below name(s) and address(es) of all undergraduate and graduate schools attended;

Name of School	Address	Dates attended	Major Course of Study	Degree(s) Awarded

SECTION III

Polygraph Education and Training

Applicants with less than three (3) years experience must attach a letter certifying enrollment in and/or completion of a one-year internship with an F.P.A. polygraphist.

H. Polygraph Schools:

Name of School:	Address:	Inclusive Date of Attendance:

I. Type of Certificate/ Diploma received: _____

J. If you have participated in and/or conducted polygraph research or authored publications, please provide details on a separate sheet of paper and attach to this application. Mark this supplemental sheet as "Section III, Item J".

SECTION IV

Employment, Other Memberships, Licenses, Criminal History

K. Employment Classification: (present employment)

Private Sector Law Enforcement Other (explain):

L. Other Memberships:

American Polygraph Association American Association of Police Polygraphists

Other (name of organization): _____

M. Have you ever been denied a membership in any professional polygraph association? Yes No

If yes, please explain: _____

N. Are you licensed in any state? Yes No

If yes, list state(s) and license number: _____

O. Have you ever been denied a polygraph license? Yes No

If, Yes, please explain: _____

P. Has your polygraph license ever been suspended or revoked? Yes No

If, Yes, please explain: _____

Q. Have you ever been arrested and/or convicted in a civilian or military court of law? Yes No

If yes, please explain using a separate sheet of paper and attached to the application. Mark the page "**Section IV, Item Q**".

R. Have you ever had a membership in a professional polygraph association suspended or revoked? Yes No

If yes, please explain: _____

S. Have you ever had a "sustained" or "founded" grievance against you while a member of a professional polygraph association, or under any other circumstances? Yes No

If yes, please explain: _____

SECTION V

Employments

T. Please list the names and addresses of all of your employers, dates of employment and your supervisors' names over the past five (5) years. For periods of unemployment lasting more that thirty (30) days provide the dates unemployed and the name of a person who can verify the same. Please begin with your current employment and work backwards in history. If needed, add a supplement sheet labeled "**Section V, Item T**".

Name of Employer	Telephone Number	Address of Employer
Dates of Employment From: _____ To: _____		Supervisor's Name and Title
Position Title		Reason for Leaving

Name of Employer	Telephone Number	Address of Employer
Dates of Employment From: _____ To: _____		Supervisor's Name and Title
Position Title		Reason for Leaving
Name of Employer	Telephone Number	Address of Employer
Dates of Employment From: _____ To: _____		Supervisor's Name and Title
Position Title		Reason for Leaving
Name of Employer	Telephone Number	Address of Employer
Dates of Employment From: _____ To: _____		Supervisor's Name and Title
Position Title		Reason for Leaving
Name of Employer	Telephone Number	Address of Employer
Dates of Employment From: _____ To: _____		Supervisor's Name and Title
Position Title		Reason for Leaving

U. Have you ever been terminated or asked to resign from employment due to dishonesty or a serious violation of company policy?
 Yes No

If yes, please explain: _____

U1. Have you ever been terminated or asked to resign from employment with a law enforcement agency/department, due to dishonesty or a serious violation of policy or procedure? Yes No

If yes, please explain: _____

SECTION VI References

V1. List four (4) references (one (1) reference must be a member of the Florida Polygraph Association, American Polygraph Association or America Association of Police Polygraphists) who can attest to your professional qualifications, proficiency, honesty and moral conduct. Furnish name, telephone number, complete address and zip code for each reference. Recent polygraph school graduates may use name(s) of school instructors relative to proficiency.

1) Name	Telephone Number
Address	
2) Name	Telephone Number
Address	
3) Name	Telephone Number
Address	
4) Name	Telephone Number
Address	

V2. Please list your intern sponser if you have less than one (1) year experience:

1) Name	Telephone Number
Address	

SECTION VII Special Qualifications

W. Check below for qualifications you possess:

Qualified as an Expert Witness Instructor Bilingual- Which language: _____
 Other: _____

