

# Pennsylvania Polygraph Examiner's Association

www.papolygraph.org

## MEMBERSHIP APPLICATION

Class of Membership Desired: ( ) Member ( ) Intern ( ) Associate ( ) Honorary ( ) Affiliate  
Current Status : ( ) Private Examiner ( ) Government Examiner ( ) Law Enforcement Examiner

NOTE TO APPLICANT: All items must be answered fully. Include any additional information for consideration on a Separate sheet of paper if necessary.

_____	_____	_____	_____	_____
Last Name	First Name	MI	Maiden Name	
_____	_____	_____	_____	_____
Residence Address		City	State	Zip
_____	_____	_____	_____	_____
Business Address		City	State	Zip
_____	_____	_____	_____	_____
E-mail Address	( )	Business Phone	( )	Residence Phone

### BASIC POLYGRAPH TRAINING

_____	_____	_____	_____	_____
School Name	Address	City	State	Zip
_____	_____	_____	_____	_____
School Director	Intern Supervisor		Date Graduated	
_____	_____	_____	_____	_____
School Name	Address	City	State	Zip
_____	_____	_____	_____	_____
School Director	Intern Supervisor		Date Graduated	

### POLYGRAPH REVOCATION

1. Have you ever been denied acceptance into a basic polygraph school? \_\_\_\_ YES \_\_\_\_ NO  
If Yes, list the school here \_\_\_\_\_
2. Have you ever been denied a polygraph license? \_\_\_\_ YES \_\_\_\_ NO. If yes, what state : \_\_\_\_\_
3. Have you ever been the subject of a complaint while involved in a polygraph examination? \_\_\_\_ YES \_\_\_\_ NO  
If Yes, explain on a separate sheet of paper.

### POLYGRAPH EXPERIENCE

1. How many years have you been a polygraph examiner : \_\_\_\_\_
2. How many tests have you conducted : \_\_\_\_\_
3. How many tests have you conducted in the past three years : \_\_\_\_\_

### CHARACTER REFERENCES (Must be a Polygraph Examiner)

1. Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_
2. Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_
3. Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

PRESENT EMPLOYMENT

Are you a Polygraph Examiner as part of your employment ?  YES  NO

Name of Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PERSONAL BACKGROUND

1. Have you ever been convicted of a felony or misdemeanor ?  YES  No
2. Have you ever been discharged or released under other than honorable conditions from any branch, department or agency of the Federal, State, County or Municipal Government, including but not limited to the various Armed Services of the United States and their reserve or State National Guard affiliates?  YES  NO
3. Have you ever been discharged or asked to resign from any place of employment, organization, or society  
 YES  NO

APPLICATION AGREEMENT

I understand that the submission of this application along with the twenty five (\$25.00) yearly membership fee does not automatically indicate my acceptance into the Pennsylvania Polygraph Examiners Association. I hereby authorize the Board of Directors to contact any individual, business or agency that I have identified on this application for membership for the purpose of verifying the information provided. I also understand, that I may be requested to supply additional information if so directed by the Board.

I further understand that if I am accepted as a member of the Pennsylvania Polygraph Examiners Association, I will agree to abide by the Constitution and by-laws of the Pennsylvania Polygraph Examiners Association. I also agree not to hold any member of the Pennsylvania Polygraph Examiners Association or the association itself liable for any reason based upon the actions taken by the association and the members in conducting a background investigation into my character and performance as a Polygraph Examiner.

THE INFORMATION SUBMITTED IN THIS APPLICATION OR ANY ORAL INTERVIEW IS ACCURATE AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE:

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Seal: \_\_\_\_\_ Notary Public \_\_\_\_\_

**Submit final application along with \$25.00 (US) to:  
1704 Locust St. - Philadelphia, PA 19103  
Further info available at: [www.papolygraph.org](http://www.papolygraph.org)**

OFFICIAL USE ONLY

Date Received: \_\_\_\_\_ Background Assigned to: \_\_\_\_\_

( ) Additional information requested from Applicant: \_\_\_\_\_

( ) Approved ( ) Rejected ( ) Pending Board Approval

Action: \_\_\_\_\_

Final Date: \_\_\_\_\_