# **Kentucky Polygraph Association, Inc.**

# **Membership Application Inc.**

Note: All questions must be answered fully. Include any additional information or explanations on separate paper if necessary.

Class of Membership:  Full Member (fully licensed polygrapher)

Associate Member (intern or other polygrapher status)

Last Name:       First Name:       MI:

Address:

City:       State:       Zip:

Email:       Phone Number:

Date of Birth:

Level of Education:  High School  College  Other

US Citizen:  Yes  No

Present Occupation:

Current Employer:

Current Employer Address:

Previous Employment:       How long?

      How long?

      How long?

Percentage of time devoted to Polygraph:

**Polygraph Training**

Polygraph School:

Address of School:

Dates of Attendance:

Total Hours of Instruction:

Internship:  Yes  No

Name of Internship Examiner:       Phone Number:

Number of Cases involved in Training:

Total Number of Exams in the past 3 years:

**Polygraph Experience**

Name and Address of Employer:

Dates of Employment:

Name and Address of Employer:

Dates of Employment:

Polygraph Licenses Held: (state)       (license #)

(state)       (license #)

Organizational Membership (list name, offices held, and length of membership)



Teaching Positions Held:

Polygraph or related research conducted:

Publications:

Scientific or Specialized Skills:

Military Service: Dates of service       Branch:

Discharge:  Active  Honorable  Dishonorable

Arrests and / or Convictions (please list charge, date, county/state, disposition)



Have you ever been refused bond?:  Yes  No

If yes, explain:

Have you ever been discharged from Employment?:  Yes  No

If yes, explain:

Have you ever been asked to resign from a place of employment?:  Yes  No

If yes, explain:

Have you even been expelled from membership in any organization?:  Yes  No

If yes, explain:

**References**

Name:

Address:

Phone:

Name:

Address:

Phone:

Name:

Address:

Phone:

I have enclosed the sum of $50.00 as dues as a Member or Associate Member of the **Kentucky Polygraph Association, Inc.**  (in the event your membership is denied, a full refund will be made)

I further agree to hold said **Kentucky Polygraph Association, Inc.,** it’s members, examiners, officers, and agents free from damage, liabilities of complaint, by any reason of any action they, or any of them take in connection with this application.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Seal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public