

MEMBERSHIP APPLICATION

CLASS OF MEMBERSHIP DESIRED

_____Active
 _____Intern
 _____Associate

FULL NAME (Last, First, Middle)

DATE & PLACE OF BIRTH

STATUS

_____Private _____Govt.

_____Law Enforcement

PRESENT HOME ADDRESS & TELEPHONE NUMBER

Where to receive mail: ___Home ___Work

Street_____

City_____ State_____ Zip Code+4 _____

Phone number () _____

BUSINESS ADDRESS & TELEPHONE/FAX NUMBERS

Company Name / Organization_____

Street_____ Phone number () _____

City_____ State_____ Zip Code +4_____

FAX_____

EMAIL ADDRESS_____

EMPLOYMENT	List most recent first		
NAMES OF EMPLOYERS	ADDRESS Street, City, State	EMPLOYMENT DATES Month/Year	DUTIES

Have you ever been fired or forced to resign from a place of employment? _____YES _____NO

If 'YES', please explain_____

MILITARY SERVICE

Are you presently on Active Duty in the United States Armed Forces? ____YES ____NO

If YES, please complete the following:

SERVICE & BRANCH	RANK	ENTRY DATE	DUTY POSITION	ORGANIZATION/STATION

PRIOR MILITARY SERVICE

SERVICE & BRANCH	RANK	ENTRY DATE	DUTY POSITION	TYPE OF DISCHARGE

Did you ever receive a Courts-Martial or Non-Judicial Punishment? ____YES ____NO

If 'YES', please explain _____

EDUCATION

SCHOOL	NAME, CITY & STATE	FROM Month & Year	TO Month & Year	DID YOU GRADUATE?	TYPE OF DEGREE
High School					
College – Undergraduate					
College – Post-graduate					

POLYGRAPH SCHOOLING

BASIC SCHOOL Name, City & State	FROM Month & Year	TO Month & Year	DID YOU GRADUATE?	RECEIVED YOUR DIPLOMA?*

*Copy of diploma/dates of attendance must be submitted with application. If diploma has not yet been received, explain why.

ADVANCED POLYGRAPH SCHOOLING (PSCOT, ETC.)

NAME, CITY, STATE TYPE OF STUDY	FROM Month & Year	TO Month & Year	DID YOU GRADUATE?	RECEIVED YOUR DIPLOMA?

List principle instructors with phone numbers –

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Equipment used in Training –

Number and Type of Polygraph Exams conducted during training –

Polygraph Seminars Attended –

POLYGRAPH EXPERIENCE

Total number and Types of Examinations Conducted:

Types and Number of Examination Categories:

Criminal Specific _____ Pre-Employment Screening _____

PCSOT _____ Others (Specify) _____

List Polygraph Licenses by state and date issued –

Have you ever been denied admission or expelled from a polygraph training facility?

____ YES ____ NO If 'YES', please explain _____

Percentage of time devoted to Polygraph work _____

INTEGRITY ISSUES

Have you ever been detained, arrested, or summoned into court as a defendant in a criminal proceeding or convicted, fined or imprisoned or placed on probation for the violation of any laws? Minor traffic violations are excluded. _____YES _____NO

If YES, explain and identify the crime, city & state, dates and disposition.

Have you ever been expelled from membership in any organization or society? _____YES _____NO
If YES, please explain. _____

Are you now or have you ever been a member or associated with any organization which advocates acts of force or violence to deny other persons their rights under the United States Constitution?

_____YES _____NO If YES, please explain. _____

PAST OR PRESENT MEMBERSHIPS IN ORGANIZATIONS

NAME	TYPE OF ORGANIZATON <small>Social, Fraternal, Professional</small>	OFFICES HELD

CHARACTER REFERENCES - Do not include relatives or former employers

NAME	ADDRESS	YEARS KNOWN	PHONE NUMBER

COLORADO ASSOCIATION OF POLYGRAPH EXAMINERS MEMBERSHIP APPLICATION – Continued

I hereby grant authorization to the COLORADO ASSOCIATION OF POLYGRAPH EXAMINERS to contact any and every person and organization for information regarding me in order that my suitability for membership may be determined. I agree to a polygraph examination upon request by the Association, if deemed necessary. I release the COLORADO ASSOCIATION OF POLYGRAPH EXAMINERS, their members, and officers from any damage due to the release of any information about me.

I further agree to hold said COLORADO ASSOCIATION OF POLYGRAPH EXAMINERS, its members, officers, examiners and agents free from damage, liabilities or complaint, by reason of any action they may take in connection with this application. I fully realize any false statement to material questions on this application is grounds for rejection.

Signed _____ Date _____

Subscribed to and sworn before me on the _____ day of _____ 20__.

Notary Public

My commission expires on the _____ day of _____ 20__.