



# FLORIDA POLYGRAPH ASSOCIATION

## Application for Membership

### INSTRUCTIONS

Each section of this application must be completed and your signature must be notarized. **Incomplete applications will not be processed.** If an entire **Section** or a question within a **Section** does not apply to you, please indicated "No" or "N/A". **Print or type all information.** Should you desire to include additional information, or expand your answer beyond the space limits, please continue your answer(s) on a separate sheet of paper, indicating the **Section and Item Number** to which your refer. Applicants are advised that all information contained in this application will be verified by appropriate investigation. Falsification of any part of this application may be grounds for rejection and/or termination of membership.

### ADMINISTRATIVE DATA

#### SECTION I

- A. Name of Applicant: (Last Name) (First) (Middle)
- B. Residence Address: (Street & No.) (City) (State) (Zip)
- Business Address: (Street & No.) (City) (State) (Zip)
3. Date of Birth Place of Birth
4. Soc. Sec. No. Name and Address of Employer:
- C. Send All Mail to: [ ] Residence Address [ ] Business Address
- D. Telephone Number(s) Residence: ( ) Business: ( ) Fax: ( )

### Educational Achievements

#### SECTION II

- E. Circle highest grade completed:  
High School: 9. 10. 11. 12. Undergraduate: 13. 14. 15. 16. Graduate: 17. 18.
- F. List below name(s) and address(es) of all undergraduate and graduate schools attended; dates attended; major course of study; and degree(s) awarded:

### POLYGRAPH EDUCATION AND TRAINING

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

#### SECTION III

- G. Name and address of all polygraph schools attended:
- (a) Inclusive date of attendance
- H. Type of certificate/diploma received:
- I. If you have participated in and/or conducted polygraph research or authored polygraph publications, please provide details on as separate sheet of paper and attach to this application. Mark this supplemental sheet: "Section III, Item 9".

### EMPLOYMENT, OTHER MEMBERSHIPS, LICENSES, CRIMINAL HISTORY

#### SECTION IV

- J. Employment classification. Presently employed in:  
[ ] Private sector [ ] Law Enforcement/Government [ ] Other
11. Membership: [ ] A.P.A. [ ] A.A.P.P. [ ] Other
- K. Have you ever been denied membership in any professional Polygraph Association?  
If Yes, Please explain.
12. Are you licensed in any state? [ ] Yes. [ ] No. If Yes, list state(s) and license number:  
a) Have you ever been denied a polygraph license? [ ] Yes. [ ] No.  
If Yes, Please explain.
- b) Has your polygraph license ever been suspended or revoked? [ ] Yes. [ ] No.

If Yes, Please explain.

13. Have you ever been arrested and/or convicted in a civilian or military court of law:  Yes  No. If yes, furnish details and disposition on a separate sheet of paper and attach to this application. Mark this supplemental sheet "Section IV, Item 13".
- a) Have you ever had your membership in a professional polygraph association suspended or revoked?  Yes.  No. If Yes, please explain.
- (b) Have you ever had a "sustained" or "founded" grievance against you while a member of a professional polygraph association or under any circumstance?  Yes.  No. If yes, please explain.

## EMPLOYMENTS

### SECTION V

- L. please list NAMES AND ADDRESS of all your employers, dates of employment, and name of supervisor for the past five (5) years. For periods of unemployment of one month or more, provide dates unemployed and name of person who can verify same. Begin with present status and list in reverse:
- M. Have you ever been terminated (or asked to resign) from an employment for dishonesty or a serious violation of company policy?  Yes.  No. If yes, provide details on a separate sheet of paper and attach to this application. Mark this supplemental sheet "Section V, item 15".
- (a) Have you ever been terminated or asked to resign from employment for dishonesty or a serious violation of law enforcement department or agency policies or procedures?  Yes.  No.

## REFERENCES

### SECTION VI

- N. List below four (4) polygraphists (preferably F.P.A. or A.P.A. members) who can attest to your professional qualifications, proficiency, honesty, and moral conduct. Furnish name, complete address, zip code and telephone number or each reference. Recent school graduates may use name(s) of school instructors relative to proficiency.
- (a) Please list your Intern Sponsor if you have under one (1) year's experience.

## SPECIAL QUALIFICATIONS

### SECTION VII

- O. Check below any of the qualifications you possess:  
 Qualified as expert witness  Instructor  Other  Bilingual – Which languages?
- (a) Other Special Qualifications, list:

## HOW TO SUBMIT YOUR APPLICATION

### SECTION VIII

- P. Your completed application, together with a check or money order made payable to the **Florida Polygraph Association for all fees due, should be mailed to Secretary, Florida Polygraph Association. (You may obtain the Secretary's current address from any F.P.A. member).** Please attach a copy of the following documents to your application: (a) polygraph school diploma; (b) state(s) licenses; (c) DD-214 (military service); (d) other documents in support of special qualifications; (e) copy of Bachelor's Degree or two (2) year college degree and proof of three (3) years investigative experience or proof of 5 (5) years investigative experience in law enforcement and a high school diploma. (See FPA Constitution of details) **YOU MUST PROVIDE PROOF OF YOUR DOCUMENTATION.**

## AGREEMENT

### SECTION IX

19. Enclosed herewith is the sum of \$ 85.00, U.S. dollars. I understand that \$ 75.00 represents a one-year membership fee, and \$ 10.00 is a non-refundable F.P.A. filing and administrative fee.
20. I hereby authorize the **Florida Polygraph Association** to conduct the necessary inquires and background investigation to determine my fitness for membership.
- Q. In connection with the F.P.A.'s background investigation, I do hereby release and forever discharge the **Florida Polygraph Association**, its officers and directors, their agents and/or employees, their successors and assigns, of and from all manner of actions, suits, claims, and/or demands whatsoever, in law or in equity, resulting from or arising out of the processing of this application.

R. If accepted for membership, I hereby agree to be governed by the F.P.A. Constitution, its Standard and Principles of Practice, and to fully comply with any local, state or federal laws that may be applicable to the polygraph profession.

**Signature of Applicant**

[LS]

STATE OF FLORIDA

)  
) SS  
)

County of

The foregoing instrument was acknowledged before me this      day of      , 20      by      , who  
is personally known to me or who has produced      \_ as identification and who did (did not)  
take an oath.

SEAL

Notary Public

My Commission expires