



# 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: \_\_\_\_\_

SECTION VIII

How to Submit Your Application

Your completed application along with a check or money order, made payable to the "Florida Polygraph Association", for all fees due, should be mailed to the Secretary of the Florida Polygraph Association. (You may obtain the address from the Florida Polygraph Association website www.floridapolygraph.org or from any Florida Polygraph Association member.) The following documents must accompany your completed application:

- a) Polygraph school diploma
b) State(s) license(s) (if applicable)
c) Military Service DD-214 (if applicable)
d) Other documents in support of special qualifications (if applicable)
e) Copy of Bachelor's Degree
(or) two (2) year college degree and proof of three (3) years investigative experience,
(or) proof of five (5) years investigative experience in law enforcement and a high school diploma
(Note: Proof of investigative experience needs to be documented in the form of a notarized letter)

SECTION IX

Agreement

I have enclosed a check or money order in the sum of \$200.00 (US funds). I understand that \$160.00 represents a one-year membership fee, \$15.00 is non-refundable Florida Polygraph Association filing and administrative fee and \$25.00 is a Florida Department of Law Enforcement on-line criminal background check fee.

I hereby authorize the Florida Polygraph Association to conduct the necessary inquiries and background investigation to determine my fitness for membership.

In connection with the Florida Polygraph Association background investigation, I do hereby release and forever discharge the Florida Polygraph Association, its officers and board members, their agents and/or employees, their successors and assigns, of 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.

If accepted for membership, I hereby agree to be governed by the Florida Polygraph Association Constitution, its Standards 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]

Date

STATE OF FLORIDA
County of )
) SS
)

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

SEAL

Notary Public \_\_\_\_\_

My Commission expires \_\_\_\_\_

