

ARIZONA POLYGRAPH ASSOCIATION MEMBERSHIP APPLICATION

PLEASE TYPE OR PRINT YOUR ANSWERS IN BLACK OR BLUE INK.

CLASS OF MEMBERSHIP DESIRED: () Intern () Associate () Member

PERSONAL INFORMATION

Last Name	First Name	Middle Name

Date of Birth	Place of Birth

Citizenship	Marital Status

MAILING ADDRESS

Address	City	State	Zip

CURRENT BUSINESS/EMPLOYER'S NAME

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CURRENT BUSINESS/EMPLOYER'S ADDRESS

Address	City	State	Zip

PRESENT OCCUPATION/JOB TITLE: _____

CONTACT INFORMATION

Home:	
Work:	
Cell:	
Primary Email:	
Secondary Email:	

Where would you like AzPA correspondence mailed? Residence () Business/Employer ()

AMOUNT OF TIME DEVOTED TO POLYGRAPH WORK

Days per week?	
Hours per Day?	

EDUCATION

Name and Address of School Attended	Did you graduate?	Type of Degree obtained
	Y/N	
	Y/N	
	Y/N	
	Y/N	

POLYGRAPH TRAINING:

What is the name of the polygraph school you attended?	
What is the address of the polygraph school you attended?	
What were your basic examiner school dates of attendance?	
How many hours of instruction did you complete during your basic examiner course?	
What was the name of the primary instructor during your basic examiner course?	
How many polygraph examinations did you complete during your basic examiner course?	
What polygraph equipment do you currently use or have you previously used?	
How many continuing education hours have you completed in the last year? Three years?	

POLYGRAPH EXPERIENCE (If more than 3, please use the Continuation page.)

Name of employer:	
Address:	
Dates of employment:	
Name of position held:	
Total number pre-employment or screening exams completed in last 3 years:	
Total number of other exams completed in the last 3 years:	

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Total number of other exams completed in the last 3 years:	

OTHER POLYGRAPH LICENSES

State	Number	Dates held

OTHER PROFESSIONAL ORGANIZATIONAL MEMBERSHIPS

Organization name	From when to when?

MILITARY SERVICE

Branch	Dates of Service	Discharge Type

Please answer the following question truthfully and completely. If additional space is needed, please utilize the Continuation Page at the end of this application.

A. Have you ever been investigated or charged with a criminal offense? Yes No
If yes, please explain below.

B. Have you ever been refused a bond? Yes No N/A If yes, please explain below.

C. Have you ever been discharged from any employment? Yes No If yes, please explain below.

D. Have you ever been expelled from membership in any organization or society? Yes No If yes, please explain below.

E. Have you now or have you ever been a member of a subversive organization? Yes No If yes, please explain below.

F. Have you ever been denied/refused/revoked a professional membership of any organization? Yes No If yes, please explain below.

G. Have you been fired for cause from a government agency? Yes No If yes, please explain below.

REFERENCES (Please include names and addresses for 4 personal/professional references.)

Name	Address	E-mail	Contact #

I understand that I will not receive, and I am not entitled to information collected during the course of my application process, and I further understand the information collected will be used in the evaluation process for my membership with the Arizona Polygraph Association (AzPA). I affirm that I have completed this application on my own and for myself and information provided is truthful and honest. I agree to hold said Arizona Polygraph Association, its members, examiners, officers, and agents free from damage, liabilities or complaint, by reason of any action they, or any of them, take in connection with this application.

I will be notified upon a successful preliminary review of my application and will provide sample polygraph charts for evaluation by the AzPA membership committee at which time I will also provide a \$75.00 membership application fee via check or money order made payable to the AzPA.

_____ **Applicant Signature** _____ **Date** _____

Subscribed and sworn to before me this _____ day of _____ 201__

My commission expires _____

 Notary Public Signature and Seal

THIS APPLICATION IS NOT A GUARANTEE OF MEMBERSHIP. ADDITIONALLY, THE APPLICANT MUST BE PRESENT AT AN AZPA MEETING/CONFERENCE IN ORDER TO BE VOTED INTO MEMBERSHIP. IF THE APPLICANT IS NOT AVAILABLE THEN THE VOTE FOR MEMBERSHIP WILL BE TABLED UNTIL THE APPLICANT IS PRESENT.

Please mail your application to:

**Arizona Polygraph Association
 Matthew Jacobs, President PO
 Box 10582
 Scottsdale, AZ 85271
MJacobs@elmirageaz.gov**

