

**Kentucky Polygraph Association, Inc.**  
**Membership Application Inc.**

(Please Type or Print All Answers)

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

Class of Membership Desired:      ( ) Member      ( ) Associate Member

1. Full Name: (L)\_\_\_\_\_ (F)\_\_\_\_\_ (M)\_\_\_\_\_

Address: \_\_\_\_\_ Home E-mail \_\_\_\_\_  
(Number and Street)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Business: \_\_\_\_\_ Business E-mail \_\_\_\_\_  
(Number and Street)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

3. Send Mail To: ( ) Residence    ( ) Business

4. Date of Birth: (M)\_\_\_\_\_ (D)\_\_\_\_\_ (Y)\_\_\_\_\_ Place of Birth \_\_\_\_\_

5. US Citizen    ( ) Yes    ( ) No

6. Present Occupation \_\_\_\_\_

7. Percentage of Time Devoted to Polygraph \_\_\_\_\_

8. Previous Employment: \_\_\_\_\_ How Long? \_\_\_\_\_

\_\_\_\_\_ How Long? \_\_\_\_\_

\_\_\_\_\_ How Long? \_\_\_\_\_

9. Level of Education: ( ) High School    ( ) College    ( ) Other

Degree (If Applicable) \_\_\_\_\_

10. Polygraph Training:

Name of School \_\_\_\_\_

Address of School \_\_\_\_\_

Date (s) of Attendance \_\_\_\_\_

Total Hours of Instruction \_\_\_\_\_

Number of Cases Involved in Training \_\_\_\_\_

Refresher or Seminar Programs Attended \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Number of Exams Conducted in the Last 3 Years: \_\_\_\_\_

11. Polygraph Experience:

Name and Address of Employer(s) \_\_\_\_\_  
\_\_\_\_\_

Date(s) of Employment \_\_\_\_\_

Name and Address of Employer(s) \_\_\_\_\_  
\_\_\_\_\_

Date(s) of Employment \_\_\_\_\_

12. Polygraph License(s) Held (State) \_\_\_\_\_ (License #) \_\_\_\_\_

(State) \_\_\_\_\_ (License #) \_\_\_\_\_

13. Organizational Memberships (Fraternal, Professional, Service) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Teaching Position(s) Held \_\_\_\_\_

15. Polygraph or Related Research Conducted \_\_\_\_\_

16. Publications \_\_\_\_\_

17. Scientific or Special Skills \_\_\_\_\_

18. Military Service (Date) \_\_\_\_\_ (Branch) \_\_\_\_\_ (Type of Discharge) \_\_\_\_\_

19. Arrests and / or Convictions: (Please Explain Fully) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. Have You Ever Been Refused Bond? ( ) Yes ( ) No

If Yes Explain \_\_\_\_\_

\_\_\_\_\_

21. Have You Ever Been Discharged From Employment? ( ) Yes ( ) No

If Yes Explain \_\_\_\_\_

\_\_\_\_\_

22. Have You Ever Been Asked to Resign From a Job? ( ) Yes ( ) No

If Yes Explain \_\_\_\_\_

\_\_\_\_\_

23. Have You Ever Been Expelled from Membership in Any Organization?

( ) Yes ( ) No

If Yes Explain \_\_\_\_\_

\_\_\_\_\_

24. References (List at Least Three) Include Complete Names and Addresses

(1) Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

(2) Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

(3) Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

*I have enclosed the sum of \$75.00 as dues as a Full Member or an 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 \_\_\_\_\_ 200\_\_

Seal

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