Form updated - 03/15/18



MARSTON POLYGRAPH ACADEMY APPLICATION FOR ADMISSION

Download application and open with Adobe Reader. Select basic or PCSOT course you are applying for:

I want to attend	Start Date	∌:			
What is your full le	egal name?				
Address where we	e can contact you:				
City:	Sta	ate:		ZIP Co	ode:
Phone Number(s)	where we can contact you:	You	Your e-mail address:		
	•				
	REGISTRATION REQU	IREMENT	S		
 ✓ No felony or mi ✓ Possess a back area related to recognized by t ✓ Have a minimu 	graph Association sets the minimum criteria for stream of states and convictions involving a crime of moral nelor's degree issued by or in the process of compolygraph at a college or university accredited by the US Department of Education or the Counsel for three years of investigative experience with a gloma or its equivalent.	turpitude. bleting the re a regional co or Higher Ec	equirements for a k or national accredit lucation Associatio military, public, or	pachelo ing boo on <u>OR,</u> private	or's degree in an dy and e institution <u>and</u> a
	Name of School and City Where Located	Major	Units / Yea		Date Graduated
College/University					
	Name and Location (City/State) of Employir	ng Agency	Dates of employment		
Three years investigative experience					
	EMPLOYMENT HIS	STORY			
Name of current or last employer			Employed from: Employed to:		
Address of curren	t or last employer. Street – City – State - ZIP			Pr	none Number:
What job do/did y	ou perform for this employer?		Who is/was your	immed	diate supervisor?
If you are now not employed here, why did you leave?			May we contact this employer? □ Yes □ No		

PERSONAL INFORMATION

Have you ever been convicted of any fe an automatic bar to admission/enrollmen		□ Yes	□ No
Have you ever been arrested for a misd imprisonment? (A misdemeanor convict be a bar to admission/enrollment.)	emeanor which resulted in ion which resulted in imprisonment may	□ Yes	□ No
,	p in or been expelled from any professional group or	□ Yes	□ No
	PRIOR POLYGRAPH EDUCATION	_	
Have you been admitted or failed to con	nplete any polygraph school or polygraph training?	□ Yes	□ No
If "YES", name of school and date:			
	REFERENCES		
Please provide the names and telephon personal character. Do not list relatives	ne numbers of two references who know you persona or former employers.	lly and can sp	eak to your
Reference:	Phone Number: () _		
Reference:	Phone Number: () _		····
	EMERGENCY NOTIFICATION		
In the event you are admitted, whom s	hould we notify in the event of an emergency?		
Name:	Phone Number: ()		
Name:	Phone Number: ()		
Is there anything you have not disclosed	d that we should know about? If yes, please explain:	□ Yes	□ No
*Please sign here:	Date:		
v digitally signing this application, I attest that al ill consent to a voluntary polygraph test, if reques	ll of information entered in this application is true and accurate sted, to verify this information. Initials	to the best of my	knowledge and
lease of any and all records and information con	on Polygraph Academy to verify all information provided by me cerning me. I further authorize any firm, person, or government n who furnishes or obtains any information about me in connect	t agency to releas	se any requested
understand that Marston Polygraph Academy res	serves the right to expel any current or potential student from an , if it determined that I knowingly falsified, omitted, or provided	y its courses, or a	deny the

*To sign application, enter your full name (as listed in this application) followed by the last four of your social security number, ie - John Doe 1234

Once completed, SAVE and email this completed application to info@marstonpolygraph.com.