

## 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 the following course:			Start Date:				
What is your full le	egal name?						
Address where we	e can contact you:						
City	Cit	ate:		7ID (	Code:		
City:	Ste	ate.		ZIP	Code.		
Phone Number(s) where we can contact you:			Your e-mail address:				
	REGISTRATION REQUI	REMENT	 S				
The American Poly	graph Association sets the minimum criteria for stu			all ha	ve:		
<ul> <li>✓ No felony or misdemeanor convictions involving a crime of moral turpitude.</li> <li>✓ Possess a bachelor's degree issued by or in the process of completing the requirements for a bachelor's degree in area related to polygraph at a college or university accredited by a regional or national accrediting body and recognized by the US Department of Education or the Counsel for Higher Education Association OR,</li> <li>✓ Have a minimum three years of investigative experience with a government, military, public, or private institution an high school diploma or its equivalent.</li> </ul>							
	Name of School and City Where Located	Major	Units / Ye Complet		Date Graduated		
College/University							
			ı				
	Name and Location (City/State) of Employin	ng Agency	Dates of employment				
Three years investigative experience							
	EMPLOYMENT HIS	TORY					
Name of current or last employer			Employed from: Employed to		Employed to:		
Address of current or last employer. Street – City – State - ZIP			Phone		Phone Number:		
What job do/did you perform for this employer?			Who is/was your immediate 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 felony crime? (A felony conviction is an automatic bar to admission/enrollment.)			Yes	No			
Have you ever been arrested for a misdemeanor which res imprisonment? (A misdemeanor conviction which resulted i			Yes	No			
be a bar to admission/enrollment.)  Have you ever been denied membership in or been expelle organization?  If you list examination and data:	d from any professional grou	ıp or	Yes	No			
If yes, list organization and date:  PRIOR POLYGRAPH EDUCATION							
Have you been admitted or failed to complete any polygrap	h school or polygraph training	a?					
If "YES", name of school and date:			Yes	No			
	RENCES						
Please provide the names and telephone numbers of two repersonal character. Do not list relatives or former employe		sonally an	d can spe	ak to your			
Reference:	Phone Number: (	)	· · · · · · · · · · · · · · · · · · ·				
Reference:	Phone Number: (	)		· · · · · · · · · · · · · · · · · · ·			
EMERGENCY NOTIFICATION							
In the event you are admitted, whom should we notify in the event of an emergency?							
Name:	Phone Number: (	)					
Name:	Phone Number: (	)					
Is there anything you have not disclosed that we should know	ow about? If yes, please expl	lain:	Yes	No			
*Please sign here:	Date	e:					
y digitally signing this application, I attest that all of information entered in this application is true and accurate to the best of my knowledge and ill consent to a voluntary polygraph test, if requested, to verify this information. Initials							
dditionally, I authorize representatives of Marston Polygraph Academy elease of any and all records and information concerning me. I further a formation, and I release from liability any person who furnishes or obta	ıthorize any firm, person, or govern	nment agenc	y to release	any requested			
understand that Marston Polygraph Academy reserves the right to expel pplication for admission prior to start of a course, if it determined that I is polication of admission process. Initials							

\*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.