



5. Education:

Name of High School	Address (City, State, Country)	Years Attended	Graduated
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**COLLEGE OR UNIVERSITY STUDY**

Do not claim any degree not yet conferred. Do indicate status of study (and degree) now in progress.

Name of College or University	Subject		Years Attended	Degree Received	Date Received MO/DA/YR	Grade Point Average	Number of Hours/Semesters (specify)
	Major	Minor					

6. EMPLOYMENT HISTORY: (past 5 years beginning with the most recent)

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address, City, State & Zip: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Terminated: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address, City, State & Zip: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Terminated: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address, City, State & Zip: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Terminated: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

7. Have you ever been convicted of a felony?

If yes, give full particulars: \_\_\_\_\_

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**Certification**

The facts set forth above in my application for membership are true and complete. I understand that if my application is accepted, false statements on this application shall be considered sufficient cause for termination.

You are hereby authorized to make any investigation of my personal history through any investigative agencies of your choice. I authorize the release of any and all records & information concerning me. I further authorize any firm, person or government agency to release any requested information and I release from liability any person who furnishes information in connection with this form. A copy of this form shall be as valid as the original.

You are also hereby authorized to release my student records and information concerning me to any prospective employer or professional association that wants to verify my application with them and I release from liability any person who furnishes information about me in connection with my enrollment or application with the Academy of Polygraph Science.

I do swear (or affirm) that the information contained herein is true and correct to the best of my knowledge and will consent to a polygraph test if requested, to verify this information.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me at:  
\_\_\_\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

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