

5. Polygraph Experience:

No. of Exams: _____ Length of Time in Field: _____

Pre-Employment: _____ Specific: _____ Other: _____

Type Exams: _____
(Law Enforcement) (Private) (Research)

6. Employment: _____
(Name of Employer)

Employer Address: _____
(Street) (City) (State) (Zip)

Employer Telephone: (_____) _____

Position Held: _____

7. Previous Employment: _____
(Past 10 years) (Name) (Address)

1. Position Held: _____ Dates of Employment: _____
Reason for Leaving: _____

2. Position Held: _____ Dates of Employment: _____
Reason for Leaving: _____

3. Position Held: _____ Dates of Employment: _____
Reason for Leaving: _____

4. Position Held: _____ Dates of Employment: _____
Reason for Leaving: _____

8. Have you ever been arrested for a criminal offense? _____
If yes, explain: _____

9. Were you ever in court as an accused? _____
If yes, explain: _____

10. Have you ever been fired or asked/agreed to resign? _____
If yes, explain: _____

11. Have you ever possessed/used/sold any illegal drug? _____
If yes, explain: _____

12. List all organizations during your adulthood you have belonged or held membership: _____

13. Have you ever applied to any school or association and later did not attend or was not accepted? _____

If yes, explain: _____

14. Applicant will obtain the personal signatures of three (3) persons as references. One reference must be an OAPE member.

(PLEASE PRINT)

A. Name: _____ Title: _____

Bus/Org: _____

Address: _____

Phone: (____) _____

Signature: _____

B. Name: _____ Title: _____

Bus/Org: _____

Address: _____

Phone: (____) _____

Signature: _____

C. Name: _____ Title: _____

Bus/Org: _____

Address: _____

Phone: (____) _____

Signature: _____

15. I hereby make application for membership in the Ohio Association of Polygraph Examiners. I hereby give my permission and waive all provisions of law permitting any employer, court, school or any person who may have information about me or that I have been associated with in the past from disclosing any knowledge or information they have concerning me which is requested by the Ohio Association of Polygraph Examiners' Membership Committee.

I further consent that the Membership Chairman, or OAPE Representative, be provided with a copy of any such record concerning me which they may desire.

I recognize the right of the Ohio Association of Polygraph Examiners to treat, at its discretion, certain sources as Confidential, and its right to withhold from me, or my agent, the names of such confidential sources and information obtained.

Signature of Applicant

Subscribed and sworn to before me on this _____ day of _____ 20____

SEAL _____ NOTARY PUBLIC in and for:

COUNTY _____ STATE _____

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OAPE USE ONLY

Received by OAPE _____
(Date)

Referred to OAPE Membership Committee _____
(Date)

OAPE Board Recommendation Yes / No _____
(Circle One) (Date)

Reason for (No) _____

Accepted/Rejected by Membership _____
(Circle One) (Date)