



OHIO ASSOCIATION OF POLYGRAPH EXAMINERS

APPLICATION FOR MEMBERSHIP

INSTRUCTIONS: Please type or print clearly. If necessary use additional document to provide explanations to any questions. DO NOT submit with money or check with the application. Notarize and submit in duplicate to the OAPE Secretary. Please see www.ohiopolygraph.org to find contact information for our current Secretary.

1. Name: _____
(Last) (First) (Middle)

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

Telephone: Home: (____) _____ Office: (____) _____

Email: _____ Fax No. (____) _____

2. Date of Birth: _____ SSN: _____

3. Polygraph License Held: _____ State: _____
_____ State: _____
_____ State: _____

4. Education: High School: _____

Highest Grade Completed: _____ Year Graduated: _____

College/University: _____
(Name) (City) (State) (Zip)

Degree: _____ Date Graduated: _____ Major: _____

Polygraph School: _____
(Name) (City) (State) (Zip)

Length (Weeks/Hours): _____ Date (Start/Finish): _____

Length of Internship: _____ Date Certified: _____

Director/Instructor: _____

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

Telephone: (____) _____



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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: Please list all previous employment within the last 10 years on a separate sheet with the following information: Employers Name and Address, Position Held, Dates of Employment, and 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: _____



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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: _____



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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.

X _____

(Signature of Applicant)

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

SEAL _____ NOTARY PUBLIC in and for:

COUNTY _____ STATE _____

=====

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)