

MEMBERSHIP APPLICATION

Personal Information

Name _____
Last First MI

Residence _____
Street & Number City/ State/Zip Phone

Business _____
Street & Number City/ State/Zip Phone

E-mail _____

Web Site _____

Place of Birth _____

Citizenship _____

SS# _____

Send my mail to (*check one*): Residence _____ Business _____

Do you want a listing on the MPA Web site (*check one*): Yes _____ No _____

If yes, check which information you want listed (*check all that apply*):

Name _____

Residence Address _____

Business Address _____

Email _____

Web site _____

Education

List education beginning with high school in the order you received it.

School	City/State	From/To	Credit Hours	Degree

Polygraph School Attended _____

From _____ To _____

Total Hours of Instruction _____

Instructor _____

Total Exams Conducted in School _____

Instruments Used _____

Did you satisfactorily complete all phases of the polygraph school you attended (check one):

Yes _____ No _____ If No, explain _____

Type of Certificate Received _____

List any of the following you have been involved in regarding polygraph and/or related areas:

Additional Special Training

Refresher Courses Seminars

Publications You Have Written (Include a Copy if Available)

Research (Include Any Material From That Research)

Teaching Positions

Military Service

Please include a copy of your DD214 with this application to verify military service.

Branch _____

From _____ To _____

Type of Discharge _____

Disciplinary Actions _____

Polygraph License and Associations

Classification (*check one*): Private _____ Law Enforcement _____ Government _____

State Polygraph License # _____ Intern _____ Examiner _____ (*circle one*)

Number of Examinations Conducted in the Last 3 Years

Pre-Employment # Exams _____ # Hours _____

Periodic # Exams _____ # Hours _____

Specific # Exams _____ # Hours _____

Are you a member of APA (*check one*): Yes _____ No _____

Type of Membership _____

Other Polygraph Associations _____

Other State Licenses _____

Full Time or Part Time Examiner _____

Do you now or do you plan to use in the future any P.S.E. or other similar voice stress equipment (*check one*):

Yes _____ No _____

Arrests and Convictions

List all arrests except parking and traffic violations, with the exception of DWI, DUI, and vehicular homicide. Include dates, charges, location of arrest(s), and disposition of the case.

Employment

Begin with your present or most recent employer and go backward. Do not skip or pass over an employer. Do not go past 5 years. Account for periods of unemployment of 1 month or more.

From/To	Employer	Address	Phone	Position
---------	----------	---------	-------	----------

From/To	Employer	Address	Phone	Position
---------	----------	---------	-------	----------

From/To	Employer	Address	Phone	Position
---------	----------	---------	-------	----------

From/To	Employer	Address	Phone	Position
---------	----------	---------	-------	----------

May we contact any of the above employers (*check one*):

Yes _____ No _____ If Yes, circle which employer(s) may be contacted

Have you ever been terminated from employment for dishonesty (*check one*):

Yes _____ No _____ If No, explain _____

References

List names and addresses of four (4) MPA and/or APA members who can attest to your proficiency and ethics, intern applicants must include sponsor's name as one reference (*circle your sponsor*).

MPA/APA Member	Street & Number	City/ State/Zip
----------------	-----------------	-----------------

MPA/APA Member	Street & Number	City/ State/Zip
----------------	-----------------	-----------------

MPA/APA Member	Street & Number	City/ State/Zip
----------------	-----------------	-----------------

MPA/APA Member	Street & Number	City/ State/Zip
----------------	-----------------	-----------------

I ENCLOSE THE SUM OF \$30 FOR THE PRESENT MEMBERSHIP FEE.

I certify that I have never been convicted of a misdemeanor in moral turpitude or of a felony, nor have I been released or discharged under other than honorable conditions from the Armed Services of the United States, nor any branch of any branch of City, State, or Federal Government.

This application is complete and correct to the best of my knowledge and I agree to abide by the provisions of the Constitution and Bylaws of the Constitution as adopted by the members of the Maryland Polygraph Association.

I hereby authorize representatives of the Maryland Polygraph Association to verify information contained on this application, and release from liability the Maryland Polygraph Association, as well as any businesses, educational institutions, *or listed* references who provide information concerning me regarding my suitability for membership in the Maryland Polygraph Association.

THE ABOVE INFORMATION WAS GIVEN FREELY AND VOLUNTARILY.

DATE: _____ SIGNED: _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20__

_____ MY COMMISSION EXPIRES _____ 20__ SEAL

(Notary public)

Make checks payable to the Maryland Polygraph Association for the annual dues and filing fee to the MPA secretary. Mail the application along with a copy of your polygraph school certificate and state polygraph license to:

Maryland Polygraph Association
P.O. Box 221
Linthicum, MD 21090