



Student Application

Please answer the following questions as this will be kept with your records by the academy as required by the American Polygraph Association

Date _____

Full Legal Name

First Middle Last Maiden

Present Address

City State Zip Code
Permanent Address

City State Zip Code

Email Address _____ Fax (_____) _____

Home Phone () _____ Work Phone () _____

Driver's License # and State _____ Social Security (last 4 digits only) _____

U.S. Citizen YES NO

Place of Birth _____

Date of Birth _____

Circle the appropriate answer Yes or No

1. Have you ever been arrested, charged, indicted, convicted or court marshaled for any violation for Criminal Law other than a minor traffic violation. Y N

If so, attach a statement explaining the nature of the offense, court, city, state, country, and disposition of case?

2. Do you hold a baccalaureate degree from a college or university accredited by the American Association of Collegiate Registrars and Admissions Officers? Y N

3. Do you have five consecutive years of active investigative experience immediately preceding this application? Y N

5. Do you expect any difficulty in meeting all the standards and qualifications for a polygraph license in your state or other jurisdiction? Y N

6. Have you ever been denied any type of license by any licensing agency, Federal, State or Local? Y N

7. Have you ever applied for acceptance to any Polygraph School? Y N

8. Have you ever administered a polygraph examination or any other examination, utilizing instrumentation for the purpose of detecting deception or verifying truth of statements? Y N

Explain: _____

9. Do you have any physical defect, or problem with hearing, speech, or vision that would require this school to provide any special materials, equipment or facilities? Y N

Please provide the academy with a certified copy of a college transcript if you will be registering as a college graduate or a letter from your supervisor if you are registering under the 5 year experience exception. If you are an elected official please provide the information form TECLOSE or your state's police officer training academy.

All information will be verified, please provide a phone number where all parties can be reached

College: _____

Degree: _____

Agency _____

Supervisor: _____

I _____ Certify that all information provided in page one and two of this document is true and correct to the best of my knowledge.

(Signature)

Sworn to and subscribed before me on this _____ day of _____ A.D., 20_____.

Notary Public in and for:

(County) (State)

My commission expires: _____ 20_____

Please sign and scan document and present the original on first day of the course