



# North Carolina Polygraph Association

Application for Membership

**NOTES TO APPLICANT:** All items must be answered fully. If necessary, include any additional information for consideration on a separate sheet of paper. *Type or print* all answers.

**APPLICANT INFORMATION:**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
LAST FIRST MI

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Business / Agency Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Mailing address preference: Home Bus. Email: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

Phone contact preference: Home Business Cell

I give NCPA permission to publish my name/contact information on our website: Yes No

**ACADEMIC HISTORY:** (Include only high school equivalents or higher)

DATES SCHOOL GRADUATE (Y/N) DEGREE

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**MILITARY SERVICE:**

Branch: \_\_\_\_\_ Type of Discharge (if applicable): \_\_\_\_\_

Grade/Rank: \_\_\_\_\_ Dates of Active Duty: \_\_\_\_\_

**BASIC POLYGRAPH TRAINING:** (Attach a copy of your polygraph school certificate or diploma)

DATES SCHOOL LOCATION TOTAL HOURS

**POLYGRAPH EXPERIENCE:**

Number of Tests: Specific Issue \_\_\_\_\_ Pre-Employment \_\_\_\_\_ Other \_\_\_\_\_

Current Status/Field: Government \_\_\_\_\_ Law Enforcement \_\_\_\_\_ Private \_\_\_\_\_

Percentage of time currently expended on polygraph related work: \_\_\_\_\_%

State License(s): \_\_\_\_\_

Other polygraph association/organization memberships: \_\_\_\_\_

Most recent refresher or seminar program attended: \_\_\_\_\_

Training / Research / Publications: \_\_\_\_\_

Equipment used: \_\_\_\_\_

Techniques used: \_\_\_\_\_

**CHARACTER REFERENCES:** (Include at least one polygraph examiner if possible; no relatives/employers)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**EMPLOYMENT HISTORY:** (Last seven years only – current employer first)

| COMPANY/AGENCY | DATES | SUPERVISOR | REASON YOU LEFT |
|----------------|-------|------------|-----------------|
|----------------|-------|------------|-----------------|

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**BACKGROUND INFORMATION:** (If yes to any questions, note explanation on a separate sheet of paper)

Have you ever been denied admission or expelled from a polygraph training facility? Yes      No

Have you ever been denied admission or had your membership terminated from any professional polygraph organization? Yes      No

Have you ever been refused a surety bond? Yes      No

Have you ever been discharged or asked to resign from any place of employment? Yes      No

Have you ever been detained, held, arrested, indicted, or summoned to court as a defendant in a criminal proceeding or convicted, fined, or imprisoned or placed on probation or have you ever been ordered to deposit bail or bond for the violation of any law or ordinance, excluding minor traffic violations for which a fine or forfeiture of \$25 or less was imposed? Yes      No

Were you ever discharged from any branch of the military (U.S. Army, U.S. Navy, U.S. Marine Corps, U.S. Coast Guard) under other than honorable conditions? Yes      No

Have you ever been convicted at a trial by courts-martial? Yes      No

Have you ever had a polygraph license suspended or revoked? Yes      No

**MEMBERSHIP / APPLICATION FEES:**

Please enclose a check or money order in the amount of \$75.00 (membership fee of \$50 and application fee of \$25.00), payable to the North Carolina Polygraph Association. **Note:** In the event your application for membership is not accepted, a refund of the \$50 membership fee will be provided.

**Mail completed application, payment, and a copy of your polygraph school certificate/diploma to:**

North Carolina Polygraph Association  
Attention: Diane Chapin  
116 Neuse Harbour Blvd.  
New Bern, NC 28560

I have answered the above questions truthfully, and further, I agree to hold the North Carolina Polygraph Association, its members, examiners, officers, and agents, free from damage, liabilities, or complaint, by reason or any action they take in connection with this application.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

Date application received: \_\_\_\_\_ Date voted upon: \_\_\_\_\_ Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Notes / Explanations: \_\_\_\_\_