



# INTERNATIONAL SOCIETY of POLYGRAPH EXAMINERS

## Membership Application

### NOTE TO APPLICANT

All items must be answered fully. Include any additional information for consideration on a separate sheet of paper if necessary.

Type or Print All Answers

### CHECK ONE:

- FULL:** Must be a current practicing polygraph examiner. The applicant must meet the requirements set forth in Article IV, 1a, 1b, 1c and 1d of the Constitution.
- ASSOCIATE:** Must be a current practicing polygraph examiner. The applicant must meet the requirements set forth in Article IV, Section 3 of the Constitution.
- INTERN:** A polygraph examiner who has completed the classroom portion of an ISOPE recognized/accredited school, but has not completed an internship. Upon successful completion of a minimum of 200 polygraph exams, an Intern member may apply for Full or Associate membership, depending on educational requirements.
- SPECIAL:** A current practicing polygraph examiner who has not graduated an accredited school.
- AFFILIATE MEMBERSHIP:** Granted to persons who demonstrate a genuine interest in the polygraph profession.

First Name – Middle Name – Maiden Name (if any) – Last Name

- Mr.  
 Mrs.  
 Ms.

Status

- Private  
 Government  
 Law Enforcement

Aliases, Nicknames or Changes in name (other than marriage)

National Identification Number or Last 4 digits of Social Security Number

Date of Birth (day, month, and year)

Place of Birth (City, County, State, and Country)

**Please disclose and describe any event, trait, incident or condition which may, in any way, impact upon your qualification or eligibility for membership in the Society.**

**(Provide legible print or typed document on a separate piece of paper and submit.)**

Residence Address (Include Zip Code)

Business Address ( Include Zip Code)

Telephone

Business:

Home:

Fax:

Cell:

Send Mail to:

- Residence  
 Business

Email:

**Military Service**

Are you presently on active duty in the Military drawing full pay?

Yes

No

If "Yes" complete the following:

Grade and Service No.

Service and Component

Organization and Station

Date Current Active Service Started:

Prior Military Service: (dates of service – branch of service – type of discharge – service number)

Education: (account for all civilian schools)

Month and Year From - To	Names and Location of School	Graduated Yes - No		Degree *

\*Copy of diploma/transcript(s) from college or university must be submitted with application

Polygraph Training: (indicate length of school by weeks and hours, ***and the date of graduation.***)

Principal Instructor (List full address):

Equipment Used:

Number of Tests Conducted in Training:

Refresher or Seminar Programs Attended:

**Polygraph Experience**

Total Number of Tests Conducted:	
Total Hours Spend Conducting Those Tests:	
Type and Number of Cases:	
Specifics:	
Screening:	
PCSOT:	
Other (specify):	

List Polygraph License(s) by state, number and date issued:

## Employment

(List every job you have had in the last ten years and within that time all periods of unemployment.)

Month and Year From/To	Name and Address of Employer	Telephone	Name of Immediate Supervisor	Reason for Leaving

Present Occupation: (if not self employed, indicate name and address of employer)

Percentage of Time devoted to Polygraph Work:

Have you ever been denied admission to or expelled from a polygraph training facility?

Yes       No

Polygraph School(s) Attended:

Have you ever been denied admission or your membership terminated in any Polygraph Association?

Yes       No

Have you ever been refused a surety bond?

Yes       No

Have you ever been fired from a job?

Yes       No

Have you ever been asked to resign from any employment?

Yes       No

Have you ever been expelled from membership in any organization or society?

Yes       No

Are you now or have you ever been a member of any organization which advocates or has adopted the policy approving the commission of acts of force or violence to deny other persons their rights under the Constitution of any Sovereign Government?

Yes       No

If you have stated "Yes" please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been detained, held, arrested, indicted, or summoned into 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 collateral for the violation of any law, Police regulation or Ordinance (excluding minor traffic violations for which a fine or forfeiture of \$250.00 or less was Imposed)? Include all court martials while in Military service.  Yes  No

If yes, list the date, the nature of the offense or violation, the name and location of the court or place of hearing and the penalty imposed or other disposition of each case.

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**List all residences for the past five years**

Month and Year From/To	Street and Number	City	State or Country

**Past and/or Present Memberships in Organizations**

Name and Address	Type (Social, Fraternal, Professional, etc.)	Office Held	Membership From/To

**Character References**

Do not include relatives or former employees.

Name (Must provide at least five)	Years Known	Street and Number	City, State, Zip	Telephone
**				

\*\* This reference should be a recognized polygraph examiner

**Remarks**

(If you have been involved in teaching polygraph; or have any scientific skills please explain on a separate sheet of paper.)

Date: \_\_\_\_\_ City/State: \_\_\_\_\_

Country: \_\_\_\_\_

I, \_\_\_\_\_, after being duly sworn, do solemnly swear that I am the applicant named in this application and attachments thereto. I have read and understand the contents herein, and to the very best of my knowledge and belief, the foregoing answers and statements are both complete and true. I hereby grant authorization to the International Society of Polygraph Examiners and/or to their designated agents to contact any and every person and organization listed herein for information regarding me. This authorization includes the verification of any statement or statements made by me or about me, my employment history, my character, my physical condition, my department, my military history, or my conduct. I further agree that any misstatement or omission of fact will constitute sufficient grounds for rejection of my application, and/or termination of membership in the International Society of Polygraph Examiners. A photocopy of this release shall be considered as effective and binding as the original hand executed copy.

By my signature affixed to this document, I acknowledge that I have read, understand and will comply with the International Society of Polygraph Examiners Constitution, By-Laws and Standards of Practice as published and amended from time to time by appropriate authority.

**I FURTHER AGREE TO HOLD SAID INTERNATIONAL SOCIETY OF POLYGRAPH EXAMINERS, ITS MEMBERS, EXAMINERS, OFFICERS, AND AGENTS, FREE FROM DAMAGE, LIABILITIES OR COMPLAINT, BY REASON OF ANY ACTION THEY, OR ANY OF THEM TAKE IN CONNECTION WITH THIS APPLICATION.**

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

I have enclosed the sum of (\$95.00 USD). This is payment of the present membership fee (\$75.00) and filing fee (\$20.00), due at the time of submission of this application. (In the event application is not accepted, full refund of membership fee will be made.)

Mail application and check, payable to:  
**International Society of Polygraph Examiners,**  
1704 Locust Street, Philadelphia, PA 19103 USA  
Phone: +1-215-307-5600 Fax: +1-215-545-1773  
[www.isope.net](http://www.isope.net)