



INDIANA POLYGRAPH INSTITUTE

APPLICATION

Name _____
Last First Middle

Age _____ **Sex** _____ **Citizenship** _____
M/F

Date of Birth _____ **Place of Birth** _____
Month/Day/Year City/Town, Country

Address (line 1) _____
Street, House Number, Apartment Number, etc. City/Town

Address (line 2) _____
State/Province Zip/Postal Code Country

Telephone _____ **E-mail** _____

Education _____
University/Institute/College/School Highest Attained Degree Graduation Year

Criminal History _____
Charge Date

Employment History _____
Last 10 Years Company Name and Location Date (From-To) Reason for Leaving

Company Name and Location Date (From-To) Reason for Leaving

Company Name and Location Date (From-To) Reason for Leaving

Describe why you want to become a polygraph examiner: _____

Declaration: I hereby certify that the information provided above is true and complete. I realize that any falsified statement on this application can result in dismissal from the Indiana Polygraph Institute. I authorize investigation of all statements contained in this application.

Applicant's Signature _____ **Date** _____