

Number of Cases conducted in training _____

Refresher or seminar programs attended: _____

12. **Polygraph Experience:** _____

Name and address of polygraph employer: _____

Length of employment: From _____ To _____

Total number of cases (subjects) and their case types within the last three years:

13.. **Other Polygraph Licenses:** State _____ Number _____

14. **Organizational Memberships:** _____

15. **Military Service:** (Branch, dates of service and type of discharge) _____

16. **(Supply full information regarding circumstances on a separate paper to any question answered in the affirmative)**

a. Arrests and/or convictions:

b. Have you ever been refused a bond? Y/N _____

c. Have you ever been discharged from any employment? Y/N _____

d. Have you ever been expelled from membership in any organization or society?
Y/N _____

e. Have you now or have you ever been a member of a subversive organization?

Y/N _____

17. **References:** (Include names and addresses of at least 4)

- a. _____
Name of IPA member to certify operation proficiency
- b. _____
- c. _____
- d. _____

I have enclosed the sum of \$75.00 for membership payment of annual dues, payable at time of submission of application. (In the event application is not accepted, full return will be made.) I further agree to hold said Indiana Polygraph Association, 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 _____

Subscribed and sworn to before me this _____ day of _____, _____

My commission expires _____
(Notary public)

****Applicant must be present at an IPA Conference in order to be voted into membership. If the applicant is not available then the vote for membership will be tabled until the applicant is present.**

Note to applicant: All answers must be in full, including any additional information for consideration submitted on separate paper if necessary.

Mail Application and payment to (make checks payable to Indiana Polygraph Association):

Indiana Polygraph Association

Sidney Newton

Indiana State Police

550 W 16th St. Ste C

Indianapolis, IN 46202

E-mail: snewton@isp.in.gov