

# VOLLMER POLYGRAPH

## APPLICATION FOR ADMISSION TO THE BASIC POLYGRAPH COURSE

I want to attend the basic polygraph course beginning: \_\_\_\_\_

Your full name:		
Address where we can contact you:		
City:	State:	ZIP Code:
Phone Number where we can contact you:	Your e-mail address:	

### EDUCATION

	Name of School	Major	Units/Years Completed	
Community College				Graduate?
College or University				Graduate?
College or University				Graduate?

Are you now active duty or a retired law enforcement officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you now hold or have you ever held a Private Investigator license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you honorably discharged from any branch of the United States military?	<input type="checkbox"/> Yes	<input type="checkbox"/> Not applicable

### EMPLOYMENT

Name of current or last employer.	Employed from:	Employed to:
Address of current or last employer. Street – City – State - ZIP		
What job do you perform for this employer?	Who was your supervisor?	
Employer phone number:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## PERSONAL CONDUCT

Have you ever been convicted of any felony crime? (A felony conviction is an automatic bar to enrollment.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a misdemeanor which resulted in imprisonment? (A misdemeanor conviction which resulted in imprisonment may be a bar to enrollment.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been denied membership in or been expelled from any professional group or organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been expelled from any college or university?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## REFERENCES

Please provide the names and telephone numbers of two references who know you personally.  
Do not list relatives or former employers.

Name: \_\_\_\_\_ Phone Number (     ) \_\_\_\_\_  
Name: \_\_\_\_\_ Phone Number (     ) \_\_\_\_\_

## EMERGENCY NOTIFICATION

In the event you are admitted, whom should we notify in the event of an emergency?

Name: \_\_\_\_\_ Phone Number: (     ) \_\_\_\_\_

## OTHER CONCERNS

Is there anything you have not disclosed we should know about?  Yes  No

If "Yes", what? \_\_\_\_\_  
\_\_\_\_\_

Please sign here: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail or e-mail this completed *Application for Admission* to:

***VOLLMER POLYGRAPH***  
**31103 Rancho Viejo Road - Suite 2308**  
**San Juan Capistrano, CA 92675**  
**(800) 295-6041**

Vollmer Polygraph accepts major credit cards.