

VOLLMER POLYGRAPH

APPLICATION FOR ADMISSION

I want to attend the *Basic Polygraph Course* beginning: _____

| | |
|---|--------------------------------|
| Your full name: (Last Name - First Name - Middle Initial) | |
| Address where we can contact you: | |
| City: | State/Province: ZIP/Mail Code: |
| Phone Number where we can contact you: | Your e-mail address: |

EDUCATION

| | Name of School or Institution | Major | Units/Years Completed | Graduate? |
|-----------------------|-------------------------------|-------|-----------------------|-----------|
| High School | | | | Graduate? |
| Community College | | | | Graduate? |
| College or University | | | | Graduate? |
| College or University | | | | Graduate? |

| | | |
|---|------------------------------|---|
| Are you now an active duty or retired law enforcement/peace 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/Province - ZIP | | |
| What job do/did 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 been convicted of any felony crime? Yes No
(A felony conviction is an automatic bar to enrollment.)

Have you been convicted of a misdemeanor which resulted in imprisonment? Yes No
(A misdemeanor conviction which resulted in imprisonment may be a bar to enrollment.)

Have you been denied membership in or been expelled from any professional group or organization? Yes No

Have you been expelled from any high school, college or university? Yes 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 else we should know about you? 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 most major credit cards.