Israeli Polygraph Experts Organization

Membership Application

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

**Class of Membership Desired:**

Temporary Membership Full Membership

Associate Membership Life Membership

Science and Technology Membership Honorary Membership

Divisional Membership

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: M F

Company Name (If Applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I.D Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Birth (City, County, State, and Country):\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Status:**

Private Government

Please disclose any relevant information which may affect in any way, shape or form your qualification / eligibility for membership in the IPEO. (Please submit the relevant documents).

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Send Mail to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Military/ Governmental Service:**

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| --- | --- | --- |
| Position | Date  From To | |
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**Type of discharge:**

End of Service Medical General Retirement

**Are you presently on active duty in the Military drawing full pay?** Yes / No

Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education:** (Please provide a copy of your diploma/ graduation Certificate)

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| **Degree** | **Graduation**  **Yes No** | | **Faculty** | **Name of School** | | **Years** |
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**Polygraph Training:**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Principle Instructor** | **Date of Graduation** | **Number of Hours** | **Phone Number** | **Address** | **Name of Institute** | **Month and Year**  **From To** | |
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**Equipment Used:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of Tests Conducted in Training:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Seminars:**

Name of Seminar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Seminar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Seminar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Polygraph Experience:**

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| --- | --- |
|  | **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:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you ever been expelled from membership in any organization or society?** Yes / No

**Have you ever been denied or expelled from membership in the APA or IPEO?** 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 Laws of the State of Israel or any Sovereign Democratic Government?** Yes / No

If you have stated 'Yes" to any of the above questions 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, Pollce regulation or Ordinance (excluding minor traffic violations for which a fine or forfeiture of 1000 Shekels or less was Imposed? Include ail 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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**Residence:** List all residences for the past five years.

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| --- | --- | --- | --- |
| **Address**  **Street City Country** | | | **Years** |
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**Employment:** show every employment you have had in the last ten years and within that time all periods of unemployment.

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| **Reason for Leaving** | **Name of Direct Manager** | **Phone number** | **Name & Address of Employer** | **Years** |
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**Memberships:** Past and/or Present Memberships in Organizations.

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| **Head**  **Offices** | **Type of Organization**  (Social, Professional, Governmental etc.) | **Name & Address of Organization** | **Years** |
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**Character References:** List at least 3. Do not include relatives.

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| --- | --- | --- | --- | --- |
| **Phone Number** | **Address** | **Type of Relationship** | **Years Known** | **Name** |
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If you have been involved in teaching polygraph; or have any scientific skills please explain.

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

**Statement:**

1, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 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 agree that any misstatement or omission of fact will constitute sufficient grounds for rejection of my application, and/or termination of membership in the **I**sraeli **P**olygraph **E**xperts **O**rganization.

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 **I**sraeli **P**olygraph **E**xperts **O**rganization Constitution, By-Laws and Standards of Practice as published and amended from time to time by appropriate authority.

I FURTHER AGREE TO HOLD SAID **I**sraeli **P**olygraph **E**xperts **O**rganization, 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 THE APPLICATION.

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

I have enclosed the sum of: \_\_\_\_\_\_\_\_ this is payment of the present membership fee due at the time of submission of this application. In the event application is not accepted, full refund of membership fee will be made.