

**APPLICATION FOR MEMBERSHIP**

**ALABAMA ASSOCIATION OF POLYGRAPH EXAMINERS**

Please read the application over before filling it out, then print or type all information carefully and clearly. Where documents are requested, please be sure to attach clear copies. When complete, return this application with the necessary fees to:

P. O. Box 2844, Mobile, Alabama 36652

Jimmie Flanagan

FULL NAME: \_\_\_\_\_ DATE OF APPL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

BUSINESS ADDR: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

IF NOT A U.S. CITIZEN BY BIRTH GIVE DATE NATURALIZED: \_\_\_\_\_

MARITAL STATUS: S\_\_M\_\_D\_\_W\_\_SEP\_\_\_\_ SPOUSES NAME \_\_\_\_\_

MEMBERSHIP CLASS APPLYING FOR: FULL\_\_ INACTIVE \_\_ AFFILIATE \_\_\_\_\_

PRESENT EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_

EMPLOYED SINCE: \_\_\_\_\_ DESCRIBE YOUR DUTIES: \_\_\_\_\_  
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NAME/LOCATION OF HIGH SCHOOL ATTENDED: \_\_\_\_\_

DATE OF HIGH SCHOOL GRADUATION: \_\_\_\_\_

NAME/LOCATION OF COLLEGE ATTENDED: \_\_\_\_\_

DATE OF COLLEGE GRADUATION: \_\_\_\_\_ DEGREE/MAJOR: \_\_\_\_\_

(If college graduate, please attach a copy of your diploma; if not, attach a copy of high school diploma or transcript of college hours credited)

GRADUATE DEGREE/CREDITS IN/WHAT FIELD: \_\_\_\_\_

POLYGRAPH SCHOOL ATTENDED: \_\_\_\_\_ GRAD. DATE \_\_\_\_\_

NUMBER OF TESTS CONDUCTED IN CLASS: \_\_\_\_\_ SINCE GRADUATION: \_\_\_\_\_

STATE LICENSES CURRENTLY HELD: \_\_\_\_\_

(Please attach copies of license certificates)

LICENSE APPLICATIONS PENDING: \_\_\_\_\_

MILITARY SERVICE BRANCH/DATES/RANK/TYPE DISCHARGE: \_\_\_\_\_

Please sign here and go to page two: \_\_\_\_\_

PAGE TWO

PREVIOUS RESIDENCES PAST TEN YEARS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROFESSIONAL ORGANIZATIONS MEMBERSHIPS/OFFICES HELD: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THREE PERSONAL REFERENCES (Show name, complete address, phone, occupation and how long known): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT:**

I hereby apply for membership in the Alabama Association of Polygraph Examiners in the membership class indicated above. I agree to be bound by all the rules, regulations, and by-laws in effect for said Association at this time. I enclose a check the amount of Thirty-Five Dollars (\$35.00), payable to the Alabama Association of Polygraph Examiners, including the initiation fee (Five Dollars) and annual dues for the balance of this calendar year (Thirty Dollars). I agree that any willful misstatement of fact or any false statement I made in this application will be grounds for rejection of my application, or, if discovered at a later date will be grounds for cancellation of my membership. I authorize the officers of the Association to contact any persons, agencies, organizations, or companies for records pertaining to me, and I release and hold forever harmless the Alabama Association of Polygraph Examiners, its officers, members and agents, from all liability associated with or arising out of this application or the investigation thereof. I further release and hold harmless any agency, organization, or other entity who furnishes information concerning me, and if any such information should prove in error, I limit their liability to that of correction of the information given.

\_\_\_\_\_  
(Signature of Applicant)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_, Notary Public. My commission expires \_\_\_\_\_  
NOTARY PUBLIC STATE OF ALABAMA  
AT LARGE. MY COMMISSION EXPIRES:  
BONDED THROUGH NOTARY PUBLIC  
UNDERWRITERS.

Please indicate where you wish your mail sent: Home: \_\_\_\_\_ Office: \_\_\_\_\_  
Please attach all necessary certificates and documents.

(On the attached sheet, show employment history for last five jobs or ten years, with name/  
address of employer, your job, dates of employment, and reason for leaving. Please account for  
for periods of unemployment lasting more than one month.)

ALABAMA ASSOCIATION OF POLYGRAPH EXAMINERS  
EMPLOYMENT HISTORY OF APPLICANT FOR MEMBERSHIP

APPLICANTS NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Please show last employer first, then work backwards, listing them in order. Please give Complete dates and give complete, specific reason for leaving the job.

COMPANY/LOCATION	POSITION/ SALARY	EMP DATES FROM TO	REASON FOR LEAVING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I HEREBY CERTIFY THAT THE ABOVE EMPLOYMENT LISTINGS ARE THE LAST FIVE JOBS I HAD OR COVERS A PERIOD OF THE PAST TEN YEARS OF MY EMPLOYMENT. PERIODS OF UNEMPLOYMENT EXCEEDING ONE MONTH ARE DESCRIBED BELOW.

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

\_\_\_\_\_  
(Signature of Applicant)

## CODE OF ETHICAL CONDUCT

The Code of Ethical Conduct for members of this Association shall be as follows:

- A. I shall so conduct myself that I may at all times reflect credit to myself, the profession, and the association.
- B. I shall practice objectivity in my examinations, expressing unbiased opinions upon all matters which I consider.
- C. I shall consider myself derelict in my duty should I fail to render an unbiased opinion to my client or person for whom I conduct an examination
- D. I shall consider myself derelict in my duty should I fail to maintain an impartial attitude toward all examinees.
- E. I shall not compromise myself, the profession or the Association by acceptance of irregular fees, gratuities, or emoluments which might tend to influence my opinions or decisions.
- F. I shall never permit my opinion to be altered by political or other extraneous Influences.
- G. Should I be called upon to conduct a polygraph examination of a member of my own organization, relative, friend or acquaintance, my examination shall be as impartial as in any other examination.
- H. I shall not make derogatory remarks, either expressed or implied, concerning any other member of the Association.
- I. I shall consider the welfare of the profession and the Association above personal ambition.
- J. I will conduct my business or examinations in such a manner that no conflicts of interest arise.
- k. I will not publish or cause to be published false or misleading advertisements pertaining to the profession of polygraph.
- L. I will abide by all decisions and recommendations made by the Association which are approved by a majority of the membership at a regularly scheduled meeting.

I have read all of the above Code of Ethical Conduct of the Alabama Association of Polygraph Examiners and I agree to abide thereby. Failure to comply with code may result in expulsion of any membership status that I may hereafter acquire. I agree that any discovered previous violations of the stated code may disqualify my application for membership.

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(Signature of Applicant)