TEXAS ASSOCIATION OF POLYGRAPH EXAMINERS

APPLICATION FOR MEMBERSHIP DATE:_____

(PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING. IF ADDITIONAL SPACE IS REQUIRED PLEASE NUMBER AND IDENTIFY THE INFORMATION ON ADDITIONAL PAGES. THE COST FOR A MEMBERSHIP APPLICATION IS $45.00 THAT IS NON-REFUNDABLE AND MUST BE PAID AT THE TIME OF THE APPLICATION. (MAIL APPLICATIONS TO: GARY HALE, 5710 GARDENIA LANE KATY, TEXAS 77493 (210)-836-8020

NAME:_____
FIRST MIDDLE LAST

ADDRESS / RESIDENCE:_____
CITY STATE ZIP CODE

PLACE OF BIRTH:_____DATE OF BIRTH:_____

CITIZENSHIP AT BIRTH:_____MARITAL STATUS:_____

NAME OF BUSINESS / AGENCY:_____

ADDRESS:_____CITY:_____ STATE:_____ZIP CODE:_____

TELEPHONE: HOME_____BUSINESS / AGENCY PHONE:_____

SUPERVISOR: _____PHONE:_____

SUPERVISOR E-MAIL:_____

OCCUPATIONS:

PRESENT_____FROM_____

_____FROM_____TO_____

_____FROM_____TO_____

EDUCATION BACKGROUND:_____

_____

POLYGRAPH SCHOOLS:

NAME OF SCHOOL:_____

ADDRESS:_____

POLYGRAPH LICENSE NUMBER:_____STATE:_____

POLYGRAPH LICENSE NUMBER:_____STATE:_____

NAME OF PRINCIPLE INSTRUCTOR(S):_____

HOURS OF TRAINING:_____

TOTAL NUMBER OF SUBJECTS EXAMINED WHILE IN TRAINING:_____

COURSE STARTED:_____COURSE ENDED:_____

POLYGRAPH EXPERIENCE:

EMPLOYER_____FROM_____TO_____

_____FROM_____TO_____

_____FROM_____TO_____

NUMBER OF SUBJECTS EXAMINED DURING THE PAST 12 MONTHS:_____

TOTAL CRIMINAL EXAMINATIONS:_____

TOTAL COMMERCIAL EXAMINATIONS:_____

PROFESSIONAL ASSOCATION MEBERSHIPS :_____

_____

LIST PROFESSIONAL TRAINIG CERTICIATES AND PROVIDE COPIES OF EACH: _____

_____

- HAVE YOU EVER BEEN DENIED A POLYGRPAH LICENSE NO:_____ YES:_____
- HAVE YOU EVER BEEN DENIED ENTRY INTO A POLYGRAPH SCHOOL: NO:_____ YES:_____
- HAVE YOU EVER HAD ACTION TAKEN AGAINST YOU BY A POLYGRAPH ASSOCATION: NO:_____ YES:_____

IF YES TO ANY OF THE PREVIOUS *THREE QUESTIONS PLEASE LIST DETAILS ON A SEPARTE SHEET.*

MILITARY SERVICE BRANCH AND RANK: _____SERVICE DATES:_____

LIST DISCPLINES IF ANY:_____

RESIDENCE(S): PAST 10 YEARS

FROM	TO	ADDRESS	CITY	STATE	ZIP

_____

_____

_____

PERSONAL REFERENCES:

One of which we prefer is a member of T.A.P.E. and each reference must be able to comment on your integrity and or your Polygraph Proficiency.

_____

NAME ADDRESS CITY STATE

NAME ADDRESS CITY STATE

NAME ADDRESS CITY STATE

I HEREBY APPLY FOR,_____INTERIM MEMBER,_____FULL MEMBER,_____ASSOCIATE PROFESSIONAL MEMBER,_____LIFE TIME MEMBER,_____ALLIED PROFESSION MEMBER,_____HONORARY MEMBER PURSUANT TO AND SUBJECT TO THE CONSTITUTION, BY-LAWS, RULES AND REGULATIONS OF THE TEXAS ASSOCIATION OF POLYGRAPH EXAMINERS, AS ARE, FROM TIME TO TIME, IN FORCE, BY ALL OF WHICH I AGREE TO BE BOUND.

ENCLOSED IS A CHECK OR MONEY ORDER IN THE AMOUNT OF $45.00 PAYAGLE TO THE TEXAS ASSOCIATION OF POLYGRAPH EXAMINERS, WHICH I UNDERSTAND ONLY COVERS THE APPLICATION FEE. YEARLY DUES ARE TO BE PAID SEPARATELY UPON APPROVAL AND ACCEPTANCE INTO THE TAPE ASSOCATION.

I AGREE TO HOLD SAID TEXAS ASSOCIATION OF POLYGRAPH EXAMINERS, ITS MEMBERS, EXAMINERS, OFFICERS, AGENTS, FREE FROM DAMAGE, LIABILITIES OR COMPLAINT BY REASON OF ANY ACTION THEY MAY TAKE IN CONNECTIONS WITH THIS APPLICATION.

I UNDERSTAND THAT ANY DELIBERATE MIS-STATEMENT OF FACT OR FALSEHOOD IN THIS APPLICATION WILL BE GROUNDS FOR REJECTION AS A MEMBER. I AUTHORIZE THE MEMBERSHIP COMMITTEE, SECRETARY – TREASURER OR ANY OTHER PERSON DESIGNATED BY THE PRESIDENT OF THE TEXAS POLYGRAH ASSOCIATION OF EXAMINERS, TO CONTACT ALL REFERENCES LISTED IN MY APPLICATION FOR MEMBERSHIP, ANY OTHER PERSON CONSIDERED NECESSARY AND TAKE ANY OTHER APPROPRIATE ACTION TO DETERMINE MY FITNESS FOR MEMBERSHIP.

_____

SIGNATURE

SWORN AND SUBSCRIBED TO BEFORE ME THIS_____DAY OF_____20_____

_____

NOTARY PUBLIC

COMMISSION EXPIRES_____

TEXAS ASSOCIATION OF POLYGRAPH EXAMINERS

CODE OF ETHICAL PRACTICE

THE TEXAS ASSOCIATION OF POLYGRAPH EXAMINERS PROMOTES AND SUPPORTS THE EXCHANGE OF KNOWLEDGE AND IDEAS IN ORDER TO DEVELOP THE HIGHEST POSSIBLE STANDARDS OF PROFESSIONAL COMPETENCE AMONG MEMBERS. EACH MEMBER IS BOUND BY THE FOLLOWING CODE OF ETHICS:

1. To practice objectivity in all polygraph matters expressing an unbiased opinion on all such matters.

2. To disclose information, findings, or other information resulting from polygraph procedures to authorized persons only.

3. To avoid conduct or actions that would reflect adversely on the reputation, character or integrity the Polygraph Profession or of the Association.

4. To refrain from conduct or actions that may appear to be a conflict of interest in polygraph matters.

5. To publicize no false or misleading information relating to the Polygraph Profession.

6. To communicate no remarks, either expressed or implied that would appear to reflect adversely on the professional reputation or integrity of any member of the Polygraph Profession except as required by law or as provided in the Constitution or by-laws of the Association.

AFFIDAVIT

I,_____, HAVE READ THE CODE OF ETHICAL CONDUCT OF THE TEXAS ASSOCIATION OF POLYGRAPH EXAMINERS AND AGREE TO ABIDE THEREBY. I UNDERSTAND THAT FAILURE TO COMPLY WITH THIS CODE MAY RESULT IN EXPULSION FROM MEMBERSHIP, SHOULD I BE ACCEPTED AS A MEMBER.

I FURTHER UNDERSTAND THAT PREVIOUS VIOLATIONS OF THE CODE, MAY BE CONSIDERED BY THE MEMBERSHIP COMMITTEE DURING THE PROCESSING OF MY APPLICATION, BUT THAT SUCH VIOLATIONS WOULD NOT NECESSARILY DISQUALIFY ME, AS LONG AS SUCH PRACTICES ARE DISCONTINUED IMMEDIATELY.

_____

SIGNATURE

_____

PRINT OR TYPE FULL NAME

_____

MAILING ADDRESS

_____

CITY STATE ZIP CODE

SWORN AND SUBSCRIBED TO BEFORE ME THIS_____DAY OF_____20_____

_____ COMMISSION EXPIRES:_____

NOTARY PUBLIC