

**MARYLAND INSTITUTE OF CRIMINAL JUSTICE**

8424 Veterans Highway, Suite 3 - PO Box 458

Millersville, MD 21108-0458

(410) 987-6665 -- FAX (410) 987-4808

**(Please Type or Carefully Print all Answers)**

**(PRINT)** First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number or (Passport Number) \_\_\_\_\_ Email Address \_\_\_\_\_

(Alias {es} Nickname{s) or changes in name (Other than by marriage) \_\_\_\_\_ Maiden name \_\_\_\_\_

Date of Birth (Day, Month, Year) \_\_\_\_\_ Place of Birth (City, County, State, Country) \_\_\_\_\_

Do you have a history of mental or nervous disorders  Yes  No. Are you now or have you ever been addicted to the use of a habit forming drug such as narcotics or barbarities?  Yes  No. Are you now or have you ever been a chronic user to excess of alcoholic beverages?  Yes  No. If the answer to any of these questions is "Yes" fully explain in the Remarks section or attach additional sheets.

Residence Address (Include Zip Code) \_\_\_\_\_ Business Address (Include Zip Code) \_\_\_\_\_

FAX Number: \_\_\_\_\_ Email: \_\_\_\_\_ Telephone [ \_\_\_\_\_ ] \_\_\_\_\_

Cell [ \_\_\_\_\_ ] \_\_\_\_\_ Send Mail to:  Residence  Business

**MILITARY SERVICE**

Are you presently on active duty in the U.S. Armed Forces (or the Armed Forces of any foreign county)  Yes  No. If yes, please complete the following:

Grade (Rank) and Service Number \_\_\_\_\_

Branch of Service and Component \_\_\_\_\_

Organization and Duty Station \_\_\_\_\_

Date Current Active Service Started \_\_\_\_\_ Separation Date \_\_\_\_\_

Prior military service: (Dates of Service, Military Branch, Rank, Type of Discharge, Service Number)

**EDUCATION (ACCOUNT FOR ALL CIVILIAN SCHOOLS)**

From	To	Name & Location of School	Graduate Yes	Graduate No	Degree/Major Semester Hours Credit

Present Occupation: (If not self-employed, indicate name and address of employer)

Have you ever been denied employment with a Police Department?  Yes  No Explain:

Have you ever attended any Polygraph School or Training?  Yes  No Explain:

Have you ever been denied admission to any other polygraph training?  Yes  No Explain:

Do you have any physical or mental reason which would limit your performance of the duties of a polygraph examiner?  Yes  No

Have you ever been refused a surety bond?  Yes  No Have you ever been fired or discharged from any employment?  Yes  No

Have you ever been asked to resign from any employment?  Yes  No

Have you ever been expelled from any organization or society?  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 Constitution of the United States?  Yes  No

**(If you have answered YES to any of the above questions, please fully explain on a separate sheet of paper.)**

Have you ever been detained, held, arrested, indicted or summoned into a 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, police regulation or ordinance (excluding minor traffic violations for which a fine or forfeiture of \$25.00, or less was imposed)? Include Military Court Martials.  Yes  No

If YES, list the date, nature of the offense or violation, the name and locations of the court or place of hearing, and the penalty imposed or other disposition of the case.

**LIST ALL RESIDENCES FOR THE PAST FIVE YEARS**

Month & Year	Number & Street	City & State	Zip Code	Country

**PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS**

From	To	Name & Address	Type [Social, Fraternal, Professional]

**CHARACTER REFERENCES**

(US Citizens -Do not list relatives, or persons living outside the United States)

Name	Yrs Known	Complete Mailing Address/ #, Street, City, State Zip	Email

**EMPLOYMENT (Show every employment you have had and all periods of unemployment.)**

From	To	Name & Address of Employer	Duties/Specific Job Title	Reason For Leaving

REMARKS: (Include any additional information you wish to be considered or explain any of the proceeding areas and attach additional pages if necessary.)

I have read the details of the ENROLLMENT AGREEMENT and understand the terms thereof. I understand the refund schedule of advance tuition paid in the event of my withdrawal or academic dismissal. I meet the basic admission requirements to attend the Polygraph Examiner course and understand that these requirements may be changed from time to time to conform with the American Polygraph Association requirements.

I have enclosed the sum of \$150.00 (U.S.) as payment for the administrative and investigative processing of my admission application which will guarantee my seat in the class. I UNDERSTAND THAT THIS FEE IS NONREFUNDABLE and the balance of tuition in the amount of \$4,650.00 (U.S.) will be due on or before the start of class. I understand the total fee and tuition for this course is \$4,800.00 (U.S.). I further agree and understand an added service charge of 3% if my tuition is paid by credit card. There is no service charge for a bank transfer of funds.

I FURTHER AGREE TO HOLD SAID MARYLAND INSTITUTE OF CRIMINAL JUSTICE , ITS MEMBERS, OFFICERS, EMPLOYEES, FACULTY, STAFF OR AGENTS, FREE FROM ANY DAMAGE, LIABILITIES OR COMPLAINT, BY REASON OF ANY ACTION THEY, OR ANY OF THEM TAKE IN CONNECTION WITH THIS APPLICATION TO DETERMINE MY SUITABILITY FOR ADMISSION TO THE POLYGRAPH EXAMINER COURSE. ALL INFORMATION HEREIN IS GIVEN IN STRICT CONFIDENCE TO DETERMINE ADMISSION REQUIREMENTS.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (Year)

SEAL NOTARY PUBLIC

Mail application with payment to  
 Maryland Institute of Criminal Justice  
 8424 Veterans Highway, Suite 3  
 Millersville, MD 21108