



POLYGRAPH INTERNSHIP EDUCATION AND INVESTIGATIVE EXPERIENCE

Applicant's Printed Name:

_____ Last _____ First _____ Middle Name _____ Suffix _____

EDUCATION (USE ADDITIONAL PAGES IF NECESSARY)

Did You Graduate? Yes No

 Name of College or University

 College Address: Number, Street Name, City, State, Zip Code

Semester Hours Completed: _____ Dates Attended: From: _____ To: _____

EDUCATION (USE ADDITIONAL PAGES IF NECESSARY)

Did You Graduate? Yes No

 Name of College or University

 College Address: Number, Street Name, City, State, Zip Code

Semester Hours Completed: _____ Dates Attended: From: _____ To: _____

INVESTIGATIVE EXPERIENCE (USE ADDITIONAL PAGES IF NECESSARY)

Dates of Employment:

From: _____ To: _____

 Name of Employer

 Employer's Address: Number, Street Name, City, State, Zip Code

Types of Investigations: _____

INVESTIGATIVE EXPERIENCE (USE ADDITIONAL PAGES IF NECESSARY)

Dates of Employment:

From: _____ To: _____

 Name of Employer

 Employer's Address: Number, Street Name, City, State, Zip Code

Types of Investigations: _____

STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the Polygraph Examiner's Act. I further certify that I will comply with the applicable statutes and administrative rules including, but not limited to, those found in Texas Occupations Code, Chapter 1703; 16 Texas Administrative Code Chapters 51, 55, 60; and the applicable administrative rules found in 16 Texas Administrative Code, Chapter 88.

I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

 Date Signed

 Signature of Applicant