



*PRE-EMPLOYMENT
APPLICANT
QUESTIONNAIRE*

NORTH TEXAS POLYGRAPH SERVICES, LLC

1112 E. Copeland Rd. #210
Arlington, Texas 76011
(817)726-5006
admin@ntxpolygraph.net

APPLICANT SELF-REPORT QUESTIONNAIRE

READ THE FOLLOWING VERY CAREFULLY

BASED ON THE INFORMATION YOU PROVIDE IN THIS QUESTIONNAIRE THE POLYGRAPH EXAMINER WILL ASK YOU A SERIES OF QUESTIONS TO DETERMINE IF YOU HAVE BEEN COMPLETELY TRUTHFUL.

YOUR POLYGRAPH EXAMINATION TEST QUESTIONS WILL COVER ONLY THE ISSUES REVIEWED WITH YOU DURING YOUR PRE-TEST INTERVIEW. IF YOU HAVE A QUESTION ABOUT ANY OF THE SECTIONS IN THIS QUESTIONNAIRE, ASK THE POLYGRAPH EXAMINER.

IF YOU NEED ADDITIONAL SPACE IN ORDER TO ANSWER ANY QUESTION, CHECK THE APPROPRIATE BOX AND RECORD THE DATA ON THE BACK OF THE PAGE PRIOR TO THE ONE CONTAINING THE QUESTION.

PLEASE TAKE CARE IN ANSWERING THE QUESTIONNAIRE QUESTIONS BY ADDRESSING ALL QUESTIONS ASKED.

APPLICANT SELF-REPORT

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY.

FULL LEGAL NAME: _____

HAVE YOU EVER USED ANY OTHER NAME, OTHER THAN A NICKNAME? _____

DATE OF BIRTH: ____/____/____ AGE: _____

PLACE OF BIRTH: _____

SOC. SECURITY # ____-____-____ DRIVER=S LICENSE # _____

POSITION FOR WHICH YOU ARE APPLYING: (BE SPECIFIC)

HAVE YOU EVER TAKEN A POLYGRAPH EXAMINATION BEFORE? PLEASE GIVE THE DATE AND REASON FOR THE EXAMINATION BELOW:

DATE	REASON (BE SPECIFIC)
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IF YOU NEED ADDITIONAL SPACE, CONTINUE ON THE BACK OF THE PREVIOUS PAGE.

DO NOT WRITE BELOW THIS LINE.

EXAMINER: _____ DATE: ____/____/____ TIME: _____

EMPLOYMENT INFORMATION

Begin with most recent or current job. Do not leave anything out, full time, part-time, temporary, other gainful employment, and volunteer work.

EMPLOYER: _____ POSITION: _____
LOCATION: _____
DATE OF EMPLOYMENT: ____/____/____ THRU: ____/____/____
OFFICIAL REASON FOR LEAVING: _____
OTHER REASON(S) FOR LEAVING: _____
WAS NOTICE GIVEN? DESCRIBE: _____

EMPLOYER: _____ POSITION: _____
LOCATION: _____
DATE OF EMPLOYMENT: ____/____/____ THRU: ____/____/____
OFFICIAL REASON FOR LEAVING: _____
OTHER REASON(S) FOR LEAVING: _____
WAS NOTICE GIVEN? DESCRIBE: _____

EMPLOYER: _____ POSITION: _____
LOCATION: _____
DATE OF EMPLOYMENT: ____/____/____ THRU: ____/____/____
OFFICIAL REASON FOR LEAVING: _____
OTHER REASON(S) FOR LEAVING: _____
WAS NOTICE GIVEN? DESCRIBE: _____

EMPLOYER: _____ POSITION: _____
LOCATION: _____
DATE OF EMPLOYMENT: ____/____/____ THRU: ____/____/____
OFFICIAL REASON FOR LEAVING: _____
OTHER REASON(S) FOR LEAVING: _____
WAS NOTICE GIVEN? DESCRIBE: _____

EMPLOYER: _____ POSITION: _____
LOCATION: _____
DATE OF EMPLOYMENT: ____/____/____ THRU: ____/____/____
OFFICIAL REASON FOR LEAVING: _____
OTHER REASON(S) FOR LEAVING: _____
WAS NOTICE GIVEN? DESCRIBE: _____

EMPLOYER: _____ POSITION: _____
LOCATION: _____
DATE OF EMPLOYMENT: ____/____/____ THRU: ____/____/____
OFFICIAL REASON FOR LEAVING: _____
OTHER REASON(S) FOR LEAVING: _____
WAS NOTICE GIVEN? DESCRIBE: _____

EMPLOYER: _____ POSITION: _____
LOCATION: _____
DATE OF EMPLOYMENT: ____/____/____ THRU: ____/____/____
OFFICIAL REASON FOR LEAVING: _____
OTHER REASON(S) FOR LEAVING: _____
WAS NOTICE GIVEN? DESCRIBE: _____

EMPLOYER: _____ POSITION: _____
LOCATION: _____
DATE OF EMPLOYMENT: ____/____/____ THRU: ____/____/____
OFFICIAL REASON FOR LEAVING: _____
OTHER REASON(S) FOR LEAVING: _____
WAS NOTICE GIVEN? DESCRIBE: _____

EMPLOYER: _____ POSITION: _____
LOCATION: _____
DATE OF EMPLOYMENT: ____/____/____ THRU: ____/____/____
OFFICIAL REASON FOR LEAVING: _____
OTHER REASON(S) FOR LEAVING: _____
WAS NOTICE GIVEN? DESCRIBE: _____

1. Are any of the jobs listed here not included in your Personal History Statement? Yes No

2. Describe all disciplinary actions you have received on any job. Where? When?

Check this box if you need additional space, and continue on the back of the previous page.

Check this box if you have never been employed in your lifetime.

EMPLOYMENT INFORMATION

Have you ever been fired or asked to resign from a job?

Yes No

If you answered yes, complete the following.

EMPLOYER: _____ POSITION: _____

LOCATION: _____

DATE OF EMPLOYMENT: ____/____/____ THRU: ____/____/____

REASON LEAVING: _____

EMPLOYER: _____ POSITION: _____

LOCATION: _____

DATE OF EMPLOYMENT: ____/____/____ THRU: ____/____/____

REASON LEAVING: _____

EMPLOYER: _____ POSITION: _____

LOCATION: _____

DATE OF EMPLOYMENT: ____/____/____ THRU: ____/____/____

REASON LEAVING: _____

1. Have you ever been late or tardy to work, for any reason? Yes No
2. During the past two years, in a normal work month how many times have you been late or tardy to work? _____
3. Have you ever been reprimanded for reporting late to work? Yes No
4. Have you ever damaged an employer's property for revenge? Yes No
5. Have you ever walked off a job because you were angry? Yes No
6. Have you ever quit a job without giving two weeks notice? Yes No
7. Have you ever resigned from a job to keep from being fired? Yes No

Check this box if you need additional space, and continue on the back of the previous page.

APPLICATION INFORMATION

If you have applied with other law enforcement or fire agencies, complete the following. Do not fail to list any, regardless of the status.

AGENCY	DATE	DISPOSITION
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____

If you have been rejected by any law enforcement or fire agencies, complete the following.

AGENCY	DATE	REASON FOR REJECTION
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____

- Check this box if you need additional space, and continue on the back of the previous page.
- Check this box if you have NEVER applied with another law enforcement or fire agency.

PERSONAL AND MARITAL INFORMATION

PERSONAL HISTORY:

1. Is _____ your true and legal name? Yes No
2. Have you ever used another name, other than a nickname? Yes No
3. Have you deliberately falsified any information on your Personal History Statement? Yes No
4. Have you intentionally left any information off of your Personal History Form? Yes No

MARITAL:

1. Have you ever been married? Yes No
If so, number of marriages. _____
2. Are you married? Yes No
3. Are you divorced or separated? Yes No
4. Are you paying alimony or child support? Yes No
5. Are you in arrears on any required payments to your former spouse or children? Yes No
6. Have you ever been ordered into court for nonpayment of alimony or child support? Yes No

CREDIT INFORMATION

1. Do you have good credit? Yes No

2. Have you ever had any delinquent credit? Yes No

3. Do you currently have any bills that are past due and that you are not paying?
If yes, explain. _____

4. Have you ever knowingly not paid a bill that you had incurred? Yes No

5. Have you ever filed for bankruptcy? Yes No

6. Have you ever been sued because of unpaid bills? Yes No

7. Do you have any suits or claims pending against any city, state, or federal institution? Yes No

8. Have you ever had anything repossessed? Yes No

9. Are there any debts or bills you deliberately did not list on your Personal History Form? Yes No

10. Have you ever made an application for credit which contained false information? Yes No

11. Have you ever been evicted from a place of residence? Yes No

12. Have you ever earned any income that you have not reported to the Internal Revenue Service? Yes No

MILITARY SERVICE INFORMATION

1. Have you ever been in the military service? Yes No
If yes, what branch? _____
If yes, how long? _____ Rank at time of Discharge _____
What type of discharge did you receive? _____
2. Were you ever given non-judicial punishment (NJP) (Article 15 or Capt. Mast) Yes No
3. Were you ever confined? Yes No
4. Were you ever reduced in rank? Yes No
5. Were you ever AWOL? Yes No
6. Were you ever given a court martial? Yes No
Explain: _____
7. Were you discharged prior to the end of your tour of duty? Yes No
8. Were you ever awarded a security clearance? Yes No
If yes, what level? _____
9. Have you ever been refused a security clearance? Yes No
10. Have you ever violated a government security clearance? Yes No
11. Have you ever had a security clearance revoked or suspended (circle one)? Yes No
When: _____ Reason: _____

Was your clearance reinstated? Yes No When _____
11. Do you have any current military obligations? Yes No
What is your current rank? _____ Duty Assignment: _____
Duration of contract? _____

THEFT FROM EMPLOYERS / HONESTY

Your Agency is interested in any incidents of theft or misappropriation from an employer in which you may have been involved.

In the space provided below, please list everything you have ever taken from an employer, which you did not have permission to take. Please include any items taken such as cash, merchandise, or property. Also include the value, the date (as close as possible) the item was taken, and the location where the property was taken from.

1. Have you ever stolen any money from a place of employment, regardless of the amount? Yes No

If yes, how much and when? _____

2. Have you ever stolen any equipment, tools or merchandise or supplies from any of your employers, including unauthorized gifts or discounts? Yes No

Please list:

ITEM TAKEN	VALUE	DATE	LOCATION
_____	_____	_ / _ / _	_____
_____	_____	_ / _ / _	_____
_____	_____	_ / _ / _	_____
_____	_____	_ / _ / _	_____

3. Have you ever submitted a false expense report? Yes No

4. Have you ever submitted false or inflated documents for commission you did not earn? Yes No

Check this box if you need additional space, and continue on the back of the previous page.

CRIMINAL ACTIVITY

You are applying for a position, which requires the trust of the citizens. Consequently, your Agency is interested in your participation in or commission of any crime listed below. If you have committed or participated in any of the acts listed below you must check the box indicating participation in the act. During the review, you will be given ample opportunity to explain your participation in these acts.

When you check yes, explain any involvement on the lines provided or on the back of the previous page for additional space. List the item number, approximate date or age, circumstances, and any values.

1. Have you ever purposely or negligently caused the death of another human being? Yes No

2. Have you ever kidnapped or abducted someone and held them against their will? Yes No

3. Have you committed any acts of sexual assault, against an adult or juvenile (sixteen (16) years of age or younger at the time of the act). Examples: sexual intercourse, oral sex, anal sex, or touching the genitals, breasts, or anus of another person? Yes No

4. Have you ever forced someone (by word or action) to have sexual contact with you against his or her will? Yes No

5. Have you ever forced anyone into an act of prostitution or received payment for someone else's act of sexual performance? Yes No

6. Have you ever engaged in any acts of prostitution, that is, sexual contact for money, either paying someone else or being paid for an act of prostitution? Yes No

7. Have you ever engaged in sexual contact while you were at a job? Yes No

8. As an adult, have you ever participated in a sexual act with a minor? Yes No

9. As a minor have you had sexual contact with anyone more than three years your junior? Yes No

10. Have you been involved in the sale, production, or promotion or distribution of illegal pornographic materials, i.e. production of books, tapes, or images that depict a child in nude or sexual acts? Yes No

11. Have you ever viewed any material depicting children involved in sex acts? Yes No

12. Have you ever participated in any indecent exposure (deliberately exposing your genitals in public)? Yes No

13. Have you ever participated in any window peeping for lewd purposes? Yes No

14. Have you ever made any lewd, obscene, or harassing phone calls? Yes No

15. Have you ever been accused of causing injury or physical abuse to a child? Yes No

16. Have you ever been involved in a physical assault? This includes family members or any other person. Yes No

17. Have you ever committed, or been convicted of, domestic violence (this includes physical assaults as well as verbal threats)? Yes No

18. Have you ever harmed, or attempted to cause harm, to someone with any kind of firearm, knife, club, or other deadly weapon? Yes No

19. Have you ever been involved in or accused of any acts of disturbing the peace, to include fighting in public, cursing in public, threatening another in public, shouting or yelling in public? Yes No

20. Have you ever taken something away from someone by force or intimidation? Yes No

21. Have you used a firearm, knife, club or deadly weapon to take something away from someone else? Yes No

22. Have you ever participated in any acts of animal cruelty (deliberately trying to injure or deprive an animal of food or water) other than legal hunting or fishing? Yes No

23. Have you ever deliberately caused any fires or explosions in an attempt to destroy property? Yes No

24. Have you ever stolen or used a vehicle without the owner's permission? Yes No

25. Have you ever deliberately damaged or destroyed anyone's property? Yes No

26. Have you ever broken into or burglarized any building, habitat, or other form of structure? Yes No

27. Have you ever broken into someone else's motor vehicle of any type in order to steal something? Yes No

28. Have you ever broken into any coin operated machines or devices for the purpose of stealing money? Yes No

29. Have you ever entered or remained on someone's property without permission, i.e. criminal trespass? Yes No

30. Have you forged anything on a check, title, deed, prescription, or other official document of any kind? Yes No

31. Have you used someone else's credit card or credit card number without permission? Yes No

32. Have you ever stolen or had possession of someone's stolen credit card? Yes No

33. Have you stolen or been involved in the theft of any money or property that had a value of more than \$250.00? Yes No

34. Have you ever stolen anything or participated in any type of theft, not previously admitted, of a value of less than \$250.00? Yes No

35. Have you ever taken anything from a store without paying for it? Yes No

36. Have you ever bought or sold any property that you knew or had reason to believe was stolen? Yes No

37. Have you ever participated in a theft of any state, city or commercial utilities, i.e. water, gas, electricity, cable TV? Yes No

38. Have you possessed or do you possess any illegal weapons; explosive device; fully automatic weapon; illegally altered weapon; armor piercing ammunition; firearm silencer; or incendiary device? **Yes** **No**

39. Have you ever carried any weapons illegally, i.e. pistols, switchblades, knives, anything against the law as it is now written? **Yes** **No**

40. Have you ever kept a child away from his/her parent, legal guardian or courts' jurisdiction without permission? **Yes** **No**

41. Have you ever been involved in any illegal gambling activities, i.e. betting with bookies or professional gamblers? **Yes** **No**

42. Have you ever fled from the police in a vehicle or on foot? **Yes** **No**

43. Have you ever been a member of any street gang? **Yes** **No**

44. Have you ever participated or been affiliated with any organization that advocates violence or overthrow of the federal government? **Yes** **No**

45. Do you currently live, reside, or associate with anyone involved in any criminal activity at this time that you are aware of? **Yes** **No**

46. Do you currently associate or live with anyone who is involved in any illegal drug, or narcotic usage, sale, or distribution that you are aware of? **Yes** **No**

Check this box if you have NEVER been involved in any of the above listed categories of criminal activity.

CRIMINAL ACTIVITY
ILLEGAL DRUGS - SALES

Your agency is concerned with the illegal sale of drugs to another person (with or without profit to you); delivery of illegal drugs to another person; transporting illegal drugs to be sold; trading illegal drugs for anything of value; manufacturing illegal drugs; and the cultivation of illegal drug plants or any other way being involved in a transaction involving illegal drugs. Include all activities regardless of age.

1. Have you ever been involved in the sale or delivery of any controlled substance? Yes No

2. Have you ever transported any controlled substance across a State line or United States border? Yes No

3. Have you ever transported any controlled substance as a favor or to help someone else deliver controlled substances? Yes No

4. Have you ever participated in the manufacturing of any controlled substance? Yes No

5. Have you cultivated or grown any illegal substance? Yes No

6. Have you ever bought illegal drugs for yourself or another person? Yes No

7. Have you ever provided illegal drugs to another person? Yes No

8. Have you been present at any illegal drug, narcotic or substance transactions? Yes No

CONTROLLED OR REGULATED SUBSTANCE ABUSE

1. In the last 24 months, have you smoked or used marijuana? Yes No
How many times? _____
In the last 24 months, have you used any other illegal drug, narcotics or substance? Yes No
How many times? _____
2. Have you ever smoked or used marijuana? Yes No
How many times? _____
3. Have you ever used any other illegal drugs, narcotics or substances? Explain Yes No

4. Have you ever injected any illegal substance? Yes No
5. Have you ever abused any prescription medications (i.e. taking other than as directed)? Yes No
6. Have you ever used anyone else's prescribed medications? Yes No
What medication was it? _____
Whose medication was it? _____
7. Did this person know you were using their medication? Yes No
8. Have you used any other illegal substance of any type? Yes No
What illegal substance(s) have you used? _____

9. Have you ever been present when anyone was using any illegal drugs, narcotics or substances? Yes No
What illegal substance(s)? _____
When? _____
Where? _____

List all drugs you have ever used illegally.

DRUG	FIRST TIME USED	LAST TIME USED	MAXIMUM TIMES USED	# OF TIMES IN PAST 5 YEARS	HOW USED	NEVER
Marijuana						
Hashish						
Heroin						
Cocaine						
Crack (Cocaine)						
Crank (Speed)						
Crystal						
Methamphetamine						
Amphetamine						
PCP / Angel Dust						
LSD						
Peyote / Mescaline						
Tranquilizers						
Ecstasy / XTC (Designer Drugs)						
K2/Spice						
Lean						
Psilocybin / Mushrooms						
Talwin / PBZ						
Quaaludes						
Rohypnol						
Inhalants (glue, gas, canned air)						
Butyl Nitrite (Locker Room Rush)						
Steroids						
Soma (Dance, Vegas Cocktail)						

Have you taken any of the following medications without a prescription, or someone else's prescription? Yes No

Check each that apply or list them: _____

DRUG	FIRST TIME USED	LAST TIME USED	MAXIMUM TIMES USED	# OF TIMES IN PAST 5 YEARS	HOW USED	NEVER
Adderall						
Ritalin						
Wellbutrin						
Dexedrine						
Concerta						
Darvecet						
Soma						
Hydrocet						
Vicodin						
Lortab						
Lorcet						
Demerol						
Percocet						
Hydrocodone						
Oxycodone						
Oxycontin						
Codiene						
Klonopin						
Clonazepam						
Paxil						
Alprazolam						
Xanax (bars)						
Prozac						

DRUG	FIRST TIME USED	LAST TIME USED	MAXIMUM TIMES USED	# OF TIMES IN PAST 5 YEARS	HOW USED	NEVER
Zoloft						
Valium						
Others						
Have you ever taken prescription weight loss medication without a prescription?						
Have you ever taken prescription sleep medication without a prescription?						
Have you ever taken prescribed medication more than the prescribed amount?						

Do Not Write Below

Polygraph Examiners Notes:

CRIMINAL ACTIVITY – ALCOHOL

It is not a violation of the law for an adult to possess and use alcohol; however, it is against the laws to operate a motor vehicle (car, truck, motorcycle, boat, or airplane) under the influence of alcohol. Within an hour of operation of a motor vehicle, depending upon the time and amount of consumption, it can or will result in a person meeting the legal criteria for intoxication.

1. Do you consume alcohol? Yes No
If yes, how many drinks do you have during an average week? _____
2. How often do you become intoxicated? _____
3. When was the last time you were intoxicated? _____
4. Have you ever been in an accident after you had been drinking? Yes No
5. Have you ever been convicted of Driving While Intoxicated? Yes No
6. Have you ever driven when you believed you were intoxicated? Yes No
7. Have you/did you, consume any alcoholic beverage when under age? Yes No
8. Have you ever purchased or provided alcohol to a minor? Yes No
9. Have you been charged with any alcohol related offense (Public Intoxication, MIP, etc.)? Yes No
10. Have you ever used an altered ID or the ID of another person to purchase alcoholic beverages? Yes No
11. Have you ever consumed alcoholic beverages during working hours against company policy? Yes No

TRAFFIC AND DRIVING RECORD

The position of peace officer and fire fighter requires that an individual have good driving skills. We wish to know what your current traffic and driving record is, and it will be checked. However, we do wish you to be honest in this area. Answer the questions listed below:

1. Have you received more than three (3) moving traffic citations in the last three (3) years? Yes No

2. Have you been at fault in any motor vehicle accidents in the last three (3) years? Yes No

3. Have you ever had your driver's license suspended? Yes No

4. Have you ever been convicted of driving while license suspended? Yes No

5. Do you have liability insurance on all vehicles that you drive at this time? Yes No

6. Have you ever driven a vehicle without insurance? Yes No

7. Have you ever been involved in any accident (minor or major) where you did not leave identification, or you failed to render aid to anyone who was injured? Yes No

8. Have you ever been licensed as a driver anywhere except Texas? Yes No

If yes, list the State and note status of the license (active, suspended, expired, etc.)

State _____ Status _____

State _____ Status _____

State _____ Status _____

POLICE / COURT ACTIVITY

This is in regards to any activity involving police or court and includes questions while both a juvenile and an adult.

1. Have you ever been arrested or taken into custody for any reason? Yes No

2. Have you ever been charged with any criminal act? Yes No

3. Have you been indicted by or appeared before a Grand Jury as a defendant? Yes No

4. Have you been tried in court for any criminal offense, misdemeanor or felony? Yes No

5. Have you been convicted of any criminal offense? Yes No

6. Have you ever been given a probated or non-adjudicated sentence of any type? Yes No

7. Are you on any type of probationary or deferred adjudication sentence at this time? Yes No

8. Have you ever been sentenced or confined in a city, county, state or federal penal institution? Yes No

9. Have you been questioned as a suspect in any criminal offense? (To include any alcohol related offenses.) Yes No

LAW ENFORCEMENT AND FIREFIGHTER SERVICE

Check this box if you have NEVER served in a position as a sworn or commissioned law enforcement officer, peace officer, sheriff's deputy, state or federal agent, commissioned reserve peace officer, firefighter or any other police or fire agency position. If you check this box, go to the next section of the questionnaire.

Check this box if you have had prior law enforcement or firefighter service and complete the following questions. These questions deal only with your service as a law enforcement officer or firefighter.

1. Have you ever been investigated by Internal Affairs because of a citizen complaint? Yes No

If yes, please explain.

2. Have you ever received any disciplinary actions because of an Internal Affairs investigation (i.e. written reprimand, suspension)? Yes No

If yes, please explain.

3. Have you ever been terminated or asked to resign from any law enforcement, fire or other public safety agency? Yes No

If yes, please explain.

4. Have you ever resigned while under investigation? Yes No

If yes, please explain.

5. Have you ever been classified as ineligible for re-hire by a former law enforcement agency, fire department, or other public safety agency? Yes No

If yes, please explain.

6. Have you ever had your certification as a law enforcement officer or firefighter revoked anywhere? Yes No

If yes, please explain.

7. Have you purposely engaged in any acts of misconduct on duty (i.e. drinking, sleeping, sexual contact while on duty)? Yes No

If yes, please explain.

8. While on duty as a law enforcement officer or firefighter, have you engaged in any illegal activities (i.e. theft, drug usage, any type of criminal offense)? Yes No

If yes, please explain.

9. While working as a law enforcement officer or firefighter, have you ever falsified any official document or paperwork? Yes No

If yes, please explain.

10. While working as a law enforcement officer or firefighter, have you ever lied under oath (i.e. sworn, notarized, statements, documents, or testifying in court)? Yes No

If yes, please explain.

11. Have you ever had an excessive force complaint filed against you? Yes No

If yes, please explain.

12. Have you had any type of unauthorized physical or sexual contact while you were on duty? Yes No

If yes, please explain.

PLEASE READ, SIGN AND DATE

You have now completed the polygraph Applicant Questionnaire. You should stop for a moment and think about your answers to insure that you have accurately portrayed all of the information that was requested. Should you now recall any information that was requested which you did not place in that questionnaire, go back now and add the information.

All of the information that I have revealed in this questionnaire is true, correct and complete. I have not withheld, falsified, or misrepresented any information requested in this questionnaire.

Applicant's Signature / /
Date

END OF POLYGRAPH PRE-TEST QUESTIONNAIRE

EXAMINEE NAME

TEST DATE

PRE-EMPLOYMENT POLYGRAPH REPORT

Additional Admissions Pre-Employment Examination Interview: YES [] NO []

Polygraph Examination Test Results: _____ Deception Indicated

_____ No Deception Indicated

_____ Inconclusive Behavior Indicated

Subject appears Deceptive in the following area:

Reviewed with Examinee: _____
EXAMINER'S INITIALS

EXAMINEE'S INITIALS

POLYGRAPH EXAMINER

DATE