WEST VIRGINIA DIVISION OF LABOR

1900 Kanawha Boulevard East - State Capitol Complex - Building 3, Room 200 - Charleston, WV 25305



POLYGRAPH EXAMINER INTERNSHIP REGISTRATION APPLICATION / AFFIDAVIT

Intern Applicant Information:					
Full Legal Name:					
Date of Birth:	Are you	u a United St	ates citizen?	Yes	No
Social Security #:					
Mailing Address:					
City:	State:	Zip:	County:		
Email Address:			Phone #:		
Have you ever been convicted of a felony?	Yes	No			
If yes, list the date(s) and type(s) of felony	conviction(s):				
Have you ever been dishonorably discharged	d from militar	y service?	Yes	No	
If yes, Stop , you do not qualify to be a polyg	graph examine	er. If no, con t	tinue.		
Do you have the required Associate or Baco	calaureate Deg	gree?	Yes N	No	
Name(s) of Polygraph Training School(s): ((Attach proof o	of completion	n)		
The undersigned hereby certifies, under application/affidavit is true to the best of r statement may result in loss of my license.	•	1 0 0		-	
Name	Sign	ature		Date	;
	1 . 111	D 11' /1	• •	c	

Subscribed and sworn to before me, the undersigned Notary Public this _____ day of _____

20 ____ My commission expires _____

Notary Public

POLYGRAPH EXAMINER STATEMENT / AFFIDAVIT

Internship Supervisor Informat	ion:					
Full Legal Name:						
Mailing Address:						
City:		Zip:				
Email Address:						
Are you currently licensed with t	he Division of Labor	as a polygraph e	examiner?	Yes	No	
Name of Intern:						
The undersigned hereby agrees t abide by W. Va. Code §21-5-5a,			ning the Intern	listed above	e and will	
Name	Si	Signature			Date	
Subscribed and sworn to before r	ne, the undersigned N	otary Public thi	s day of			
20 My commission expire	S					

Notary Public