## 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 a United States 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 from military service? Yes No If yes, **Stop**, you do not qualify to be a polygraph examiner. If no, **continue**. Yes Do you have the required Associate or Baccalaureate Degree? No Name(s) of Polygraph Training School(s): (Attach proof of completion) The undersigned hereby certifies, under penalty of perjury, the information provided on this application/affidavit is true to the best of my knowledge and belief and that I realize that making a false statement may result in loss of my license. Name Signature Date Subscribed and sworn to before me, the undersigned Notary Public this \_\_\_\_\_ day of \_\_\_\_\_ 20 My commission expires

Notary Public

## POLYGRAPH EXAMINER STATEMENT / AFFIDAVIT

<b>Internship Supervisor Info</b>	ormation:				
Full Legal Name:					
Mailing Address:					
City:	State:	Zip:	County: _		
Email Address:					
	with the Division of Labor a			Yes	No
Name of Intern:					
	grees to undertake the response-5-5a, 5b, 5c, 5d and §42 C.S.		ning the Intern l	isted above	e and will
Name	Sig	Signature		Date	
	efore me, the undersigned N				
				otary Publi	

 $Email: \underline{Wageand Hour@wv.gov} - Fax: (304)558-3797 - Main: (304)558-7890 - Website: \underline{labor.wv.gov}$