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, please **continue**.

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

Internship Supervisor Information:

Full Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Email Address: _____

Are you currently licensed with the Division of Labor as a polygraph examiner? ☐ Yes ☐ No

Name of Intern: _____

The undersigned hereby agrees to undertake the responsibility of training the Intern listed above and will abide by W. Va. Code §21-5-5a, 5b, 5c, 5d and §42 C.S.R. 6.

_____	_____	_____
Name	Signature	Date

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

20____ My commission expires _____

_____

Notary Public