

S.P.I.A.

SPIRITUAL PARANORMAL INVESTIGATORS of ARIZONA

Member Application and Information Form

Personal Information							
Name (First MI Last):							
Address:							
City, State, and Zip Code:							
Phone:				Email:			
Availability							
Days/Hours available							
<input type="checkbox"/> I Have No Preference	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tue.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thu.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
I am Seeking:		<input type="checkbox"/> Full-Time		<input type="checkbox"/> Part-Time		<input type="checkbox"/> Full or Part-Time	
How many hours are you available weekly?				Available Nights? <input type="checkbox"/> Y <input type="checkbox"/> N		Date Avail to Start?	
Additional Information							
Have you ever been a member of this organization before?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain:							
Do you have a driver's license?				How many moving violations have you had in the past 5 years? _____			
Have you had any accidents in the past 5 years of your fault?					<input type="checkbox"/> Yes <input type="checkbox"/> No		How Many?
Have you been convicted of a DUI in the past 10 years?					<input type="checkbox"/> Yes <input type="checkbox"/> No		How Many?

Education				
School	Location	Years Completed?	Major?	Diploma or Degree
High School Graduated from:				
College Business/Trade School:				
About You				
Why are you interested in joining S.P.I.A.?				
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>				
Explain what skills you have that may be able to help the team:				
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>				

Investigation Experience

Please list ALL investigative experience with your most recent first. Attach additional sheets if necessary.

Paranormal Team	Name of Team Lead:	
Address:		Started:
City, State, and Zip Code		Ended:
Phone:	Title:	
Reason for leaving (<i>be specific</i>)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you were with this team.		
May we contact this team? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Address:		Started:
City, State, and Zip Code		Ended:
Phone:	Title:	
Reason for leaving (<i>be specific</i>)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you were with this team.		
May we contact this team? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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City, State, and Zip Code		Ended:	
Phone:		Title:	
Reason for leaving (<i>be specific</i>)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you were with this team.			
May we contact this team? <input type="checkbox"/> Yes <input type="checkbox"/> No			
References			
<i>Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.</i>			
1.			
2.			
3.			
4.			
<i>I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my membership with this team terminated.</i>			
Signature:		Date:	