

KENAI POLICE DEPARTMENT
PRE-EMPLOYMENT
POLYGRAPH INFORMATION AND WAIVER FORM

GENERAL POLYGRAPH INFORMATION

It is the Kenai Police Department's policy that all finalist applicants are required to submit to a pre-employment polygraph examination. The use of the pre-employment polygraph examination is predicated on its value in verifying the accuracy and completeness of information furnished on application forms.

FACTORS INFLUENCING A SUCCESSFUL POLYGRAPH EXAMINATION

Because of the stress-inducing nature of the pre-employment polygraph examination, a primary concern of the Kenai Police Department is the physiological and psychological well-being of the applicant. The applicant should be as near his/her physiological and psychological norm as possible at the time of the examination. With these concerns in mind, the applicant must first confer with their physician **IF** the applicant has ever experienced, or is experiencing any of the following conditions:

- 1) mental disorders or dizzy spells
- 2) emotional or nervous problems
- 3) circulatory or heart abnormalities
- 4) respiratory abnormalities (asthma, etc.)
- 5) ulcers
- 6) severe headache
- 7) under the influence of alcohol, drugs, stimulants or opiates
- 8) under any psychiatric care
- 9) severe or recurring pain
- 10) presently taking any form of medication
- 11) illnesses or disorders that might endanger the applicant's physical or mental well-being by submitting to the polygraph examination

Your polygraph examiner will need to obtain some of your medical/health history information from you on the day of your polygraph exam. The examiner will further explain the need for this information.

WAIVER

I have read and understand the pre-employment polygraph information form. **IF** I have experienced and/or am experiencing any of the aforementioned illnesses or disorders, I have discussed them with my physician, and I will proceed with the polygraph examination. I further consent to answering questions from the polygraph examiner about my medical/health history for the purposes of facilitating an accurate examination.

I certify under penalty of perjury that the foregoing is true and accurate to the best of my knowledge.

Signature of Applicant

SUBSCRIBED AND SWORN before me at _____, Alaska, on the _____ day of _____, 20____.

Notary Public in and for Alaska

My Commission Expires: