

GUPF

GLOBAL UNITED PARANORMAL FOUNDATION

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
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High School Graduated from:

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College Business/Trade School:

Why are you interested in joining GUPF?

Explain what skills you have that may be able to help the organization:

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	
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? Yes No

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	
<i>Please include the 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: