



Application for Investigator Credentialing Program

SPECIAL INVESTIGATIONS AGENCY
 6549 Mission Gorge Rd., Suite 108
 San Diego, California 92120
 United States of America

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 E-Mail: contact@us-sia.org
 Internet: <http://www.us-sia.org>
 Fax Number: (888) 708-7742

A Non-Profit Investigative & Intervention Resource Organization

Directions: To fill in the form, use the TAB key to move forward and SHIFT+TAB to move backward. For check boxes, use the character "x" to add or remove. To delete information in a field, press the Delete key. The gray boxes will expand as you type. Do not type in all uppercase. Print the document and mail to the above address. Please note that this application must be notarized. Enclose a check or money order made payable to S.I.A. in the amount of (\$50.00 for one year) or (\$100.00 for three years). You must also submit with your application two standard color passport photos for your ID card.

| | | | | | |
|--|------------------------|---|---|--|---------------|
| DATE OF APPLICATION: | | | | | |
| Last Name | First | Middle Initial | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. | | Soc. Sec. No. |
| Address - No. & Street | | Apt. # | City | ST | Zip Code |
| Home Telephone () | | Business Telephone () | | Mobile/Message Telephone | |
| E-Mail Address: | | | | | |
| Highest Education Level: | | | | | |
| <input type="checkbox"/> Less than High School | | <input type="checkbox"/> High School Graduate | | <input type="checkbox"/> Associate | |
| <input type="checkbox"/> Technical School | | <input type="checkbox"/> Some College | | <input type="checkbox"/> Bachelor's | |
| <input type="checkbox"/> Some Graduate | | <input type="checkbox"/> Master's | | <input type="checkbox"/> Doctorate (MD, DDS, JD) | |
| Degree | Yr Earned/ Expected | Major | School | State | Country |
| Degree | Yr Earned/ Expected | Major | School | State | Country |
| Recent Additional Training Course Work: | | | | | |
| Course Title | | School Name | | Date of Course | |
| | | | | | |
| | | | | | |

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|--|----|---------------------|--|------------------------------|--|
| Employment History (Related Experience): List present or most recent experience first (include Armed Services experience and volunteer work). THE APPLICATION MUST BE COMPLETED IN FULL. | | | | | |
| Employer Name: | | | | | |
| Employer Address: | | | | | |
| Phone Number: () Ext. | | Supervisor's Name: | | Ending Job Title: | |
| Dates (MM/YY) | | Ending Pay Rate: | | Pay Frequency (hr/wk/mo/yr): | |
| From | To | Reason For Leaving: | | | |
| Employer Name: | | | | | |
| Employer Address: | | | | | |
| Phone Number: () Ext. | | Supervisor's Name: | | Ending Job Title: | |
| Dates (MM/YY) | | Ending Pay Rate: | | Pay Frequency (hr/wk/mo/yr): | |
| From | To | Reason For Leaving: | | | |
| Employer Name: | | | | | |
| Employer Address: | | | | | |
| Phone Number: () Ext. | | Supervisor's Name: | | Ending Job Title: | |
| Dates (MM/YY) | | Ending Pay Rate: | | Pay Frequency (hr/wk/mo/yr): | |
| From | To | Reason For Leaving: | | | |
| Employer Name: | | | | | |
| Employer Address: | | | | | |
| Phone Number: () Ext. | | Supervisor's Name: | | Ending Job Title: | |
| Dates (MM/YY) | | Ending Pay Rate: | | Pay Frequency (hr/wk/mo/yr): | |
| From | To | Reason For Leaving: | | | |

| | |
|--|--|
| Language proficiencies (Other than English): Language(s): | |
| Ability to Speak: Yes <input type="checkbox"/> No <input type="checkbox"/> | Ability to Read: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Ability to Translate: Yes <input type="checkbox"/> No <input type="checkbox"/> | Ability to Write: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| COMPUTER SKILLS (Proficient—Ready to use—Immediately): Hardware: | |
| Software: | |

| License/Certificate | | | | | |
|---------------------|--------------------------|-------------|-----------|----------------------------|------------------|
| Type | Issue Date (mm/dd/yy) | License No. | Issued By | Date Expires (mm/dd/yy) | State or Country |
| | | | | | |
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|---|-----------------------------------|------|
| <p>REFERENCES: It is our procedure to verify references and information contained in this application. If you consent to our conducting a background investigation, please check the box below.</p> <p><input type="checkbox"/> I consent to allowing SIA to conduct a thorough background check.</p> | | |
| Professional <input type="checkbox"/> | Personal <input type="checkbox"/> | |
| Name: | Phone: () | Ext. |
| Employer/Title: | | |
| Address: | | |
| Professional <input type="checkbox"/> | Personal <input type="checkbox"/> | |
| Name: | Phone: () | Ext. |
| Employer/Title: | | |
| Address: | | |
| Professional <input type="checkbox"/> | Personal <input type="checkbox"/> | |
| Name: | Phone: () | Ext. |
| Employer/Title: | | |
| Address: | | |

The information that you are asked to share on this form is confidential. The completion of this form is mandatory if you have ever been convicted of a felony or misdemeanor, which resulted in imprisonment, probation, or a fine.

Have you ever been convicted of a felony or misdemeanor, which resulted in imprisonment, probation, or a fine? Yes No If you responded yes, please provide the information listed below:

Please print:

Last Name First Name Middle Name

Alias Name (Also known as)

Date of Birth / / Social Security Number / /

Are you currently on probation or serving parole? Yes No

Convicted of
Location of occurrence Date of conviction / /
Disposition or outcome

Convicted of
Location of occurrence Date of conviction / /
Disposition or outcome

Convicted of
Location of occurrence Date of conviction / /
Disposition or outcome

If additional space is required, please provide the information by attaching additional sheets of paper.

Your notarized signature on the application is your consent and authorization for SIA to conduct a background investigation related to the investigator credential to which you are applying. Background checks may include criminal history.

I hereby certify that all statements on this application and supplemental materials are true and complete to the best of my knowledge and belief. I understand that any falsification of this record or failure to disclose fully the information requested may be cause for precluding me from further consideration for this credentialing program, and forfeiture of any fees paid.

I also understand the requirement to maintain this credential through continuing education through S.I.A. annually.

I also acknowledge that I have read and understand the S.I.A. Investigator Code of Conduct and will adhere to the code at all times. Specifically, I will never represent myself as a law enforcement officer. I will always identify myself as an investigator for S.I.A., a non-profit organization, and will make available when requested, the contact information for the Director of S.I.A.

Signature _____ Date:
Rev. 05/06