



# ACFI Application

To apply for the ACFI, complete this form and return it to IAI by email at [dsadowsky@w-z.com](mailto:dsadowsky@w-z.com) or by fax at 630-852-6800.

**For further information, you may call IAI at 630-515-3579.**

## PERSONAL INFORMATION (please print using black or blue ink)

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

Title/Program: \_\_\_\_\_

Company/Name of School: \_\_\_\_\_

(Company/School) Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ Evening Telephone Number: \_\_\_\_\_

(Home) Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

List Investigative, Interview/Interrogation Experience (if any):

Company/Department: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ Dates: \_\_\_\_\_

## Demographic Information

1. Field of interest:  Military  Loss Prevention  Audit  Human Resources  Law Enforcement  
 Govern.  Educational Institute  Other \_\_\_\_\_

2. Have you ever been in the military?  Yes  No

## SIGNATURE (Sign and date in ink the statement below.)

I certify that I agree to abide by regulations and the Standards of Practice of the ACFI Program. I believe that I comply with all admission policies for the ACFI program. I certify that the information I have submitted in this application is complete and correct to the best of my knowledge and belief. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected for the ACFI Program.

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_