

POLYGRAPH CONSENT

Name: _____

Date of Polygraph Examination: _____

I voluntarily agree to a polygraph examination on the above date.

A company representative has advised me of the following:

- (1) I am guaranteed by the law the right not to take this examination as a condition of employment or continued employment.
- (2) I have not been coerced in any way into either taking this test or signing this consent agreement. This act is entirely voluntary on my part.
- (3) I have retained a copy of this agreement for my records.

Signature of Employee

Date of Signature