

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 _____ Date _____

