



**EMPLOYEE POLYGRAPH TESTING  
INFORMATION PACKET**

# EMPLOYER CHECKLIST AND GENERAL GUIDELINES

Central Polygraph Service Limited is furnishing the following information, which it believes is in good faith, and conforms with the Department of Labor's Regulations relating to polygraph tests for employees. Such information and forms are to be considered only as guidelines to assist in complying with the Act and Regulations and Central Polygraph Service Limited is disclaiming any liability in connection therewith. Clients should develop their own forms, using their own company letterhead, in place of the forms which are provided in this packet as sample guidelines. Please contact Central Polygraph Service at 847-919-0027 or 1-877-765-9872 in order to receive test appointment date, time and location availability prior to completing any forms.

## CHECKLIST FOR THE EMPLOYER AND BUSINESS OWNER

1. The incident must be an ongoing, specific investigation.
2. It must be an identifiable economic loss to the employer.
3. Obtain a copy of the Employee Polygraph Protection Act of 1988.
4. Provide the employee with a written statement that includes (**FORMS 101-A and 101-B IN THIS PACKET**):
  - a. Identification of the company and location of the employee
  - b. Description of the loss or activity under investigation
  - c. Location of the loss
  - d. Specific amount of the loss
  - e. Type of economic loss
  - f. How the employee had access to the loss (*Access alone is not sufficient grounds for polygraph testing*)
  - g. What kind of reasonable suspicion there is to suspect the employee of being involved in the loss. (*Reasonable suspicion as defined under the Act includes inconsistencies between facts, claims, statements, information from a co-worker and the employer's behavior, demeanor or conduct*)
5. The statement provided to the employee **MUST** be signed by someone other than the polygraph examiner, who is authorized to legally bind the employer and **MUST** be retained for at least 3 years.
6. Read the Notice to Examinee to the employee, which should be signed, timed, dated and witnessed (**FORM 104 IN THIS PACKET**).
7. Provide the employee with 48 hours advanced notice (not counting weekends or holidays) prior to the date and time of the scheduled polygraph test.
8. Provide employee with written notice of the date, time and location of the polygraph test, including written directions if the test is to be conducted at a location other than the place of employment (**FORMS 101-C and 101-D IN THIS PACKET**).
9. Maintain a statement of adverse actions taken against the employee following a polygraph test.
10. Conduct an additional interview of the employee prior to any adverse action following a polygraph test and provide the employee with a copy of the polygraph report, along with the questions, conclusions and charts.
11. Maintain a record of ALL of the above for a minimum of 3 years.
12. Employees may not waive their rights. Even if the employee volunteers to take a polygraph, you still must comply with the Employee Polygraph Protection Act.
13. Have your corporate attorney review your actions to assure your compliance.

**EMPLOYER'S STATEMENT TO EMPLOYEE**  
WITH RESPECT TO ONGOING INVESTIGATION AND NOTICE OF  
REQUEST FOR POLYGRAPH EXAMINATION - PAGE 1 of 3

COMPANY NAME: \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

EMPLOYEE'S NAME: \_\_\_\_\_

LOCATION WHERE EMPLOYEE IS EMPLOYED: \_\_\_\_\_

**1. INCIDENT OR ACTIVITY BEING INVESTIGATED**

A) Description of Incident or Activity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B) Date and Time Incident Occurred: \_\_\_\_\_

\_\_\_\_\_

C) Location Where Incident Occurred: \_\_\_\_\_

\_\_\_\_\_

D) Approximate Dollar Amount: \$ \_\_\_\_\_

**2. TYPE OF ECONOMIC LOSS UNDER INVESTIGATION**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Theft                | <input type="checkbox"/> Misappropriation/Embezzlement | <input type="checkbox"/> Check Kiting          |
| <input type="checkbox"/> Industrial Espionage | <input type="checkbox"/> Product Tampering             | <input type="checkbox"/> Sabotage              |
| <input type="checkbox"/> Money Laundering     | <input type="checkbox"/> Secret Information            | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Other: _____         |  |  |

**EMPLOYER'S STATEMENT TO EMPLOYEE**  
WITH RESPECT TO ONGOING INVESTIGATION AND NOTICE OF  
REQUEST FOR POLYGRAPH EXAMINATION - PAGE 2 of 3

3. IF INCIDENT OR ACTIVITY INVOLVED MONEY, MERCHANDISE OR OTHER PROPERTY, AREA IN WHICH SUCH ITEMS ARE LOCATED AND THE EMPLOYEE'S ACCESS THERETO:

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4. BASIS OF EMPLOYER'S REASONABLE SUSPICION THAT THE EMPLOYEE WAS INVOLVED IN THE INCIDENT OR ACTIVITY UNDER INVESTIGATION

A) Information from a co-worker or other individual: \_\_\_\_\_

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*(Note: The identity of person providing information used to establish reasonable suspicion NEED NOT be revealed)*

B) Inconsistencies between facts, claims or statements that surfaced during the investigation: \_\_\_\_\_

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C) Employee's behavior or conduct: \_\_\_\_\_

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D) Circumstances surrounding access or opportunity: \_\_\_\_\_

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**EMPLOYER'S STATEMENT TO EMPLOYEE**  
WITH RESPECT TO ONGOING INVESTIGATION AND NOTICE OF  
REQUEST FOR POLYGRAPH EXAMINATION - PAGE 3 of 3

\_\_\_\_\_  
DATE

TO: \_\_\_\_\_  
EMPLOYEE NAME

\_\_\_\_\_  
EMPLOYEE ADDRESS

You are hereby requested to submit to a polygraph examination on \_\_\_\_\_ at \_\_\_\_\_ at Central  
Polygraph Service Limited at: DATE TIME

**Central Polygraph Service Ltd.  
One Northfield Plaza  
560 W. Frontage Road  
Suite 300  
Northfield, IL 60093**

Written driving directions to the office location selected above are attached to this letter.

Please be advised that you have forty-eight hours, excluding weekend days and holidays, in which to consult with an attorney or employee representative before the scheduled examination.

You also have the right to consult with legal counsel or an employee representative before each phase of the polygraph examination. However, your attorney or employee representative may be excluded from the room where the examination is administered during the actual testing phase.

The undersigned, an authorized representative of the employer, states as follows:

- A) The information contained herein is true to the best of my knowledge, information and belief.
- B) There is reasonable suspicion that the employee was involved in the incident or activity under investigation.
- C) A copy of all 3 pages of the EMPLOYER'S STATEMENT TO EMPLOYEE was delivered to the employee named herein on:

\_\_\_\_\_ at \_\_\_\_\_  
DATE TIME

\_\_\_\_\_  
EMPLOYER SIGNATURE PRINT NAME TITLE AND POSITION DATE

**Received a copy of this EMPLOYER'S STATEMENT TO EMPLOYEE**

\_\_\_\_\_  
EMPLOYEE SIGNATURE PRINT NAME DATE TIME

\_\_\_\_\_  
WITNESS PRINT NAME

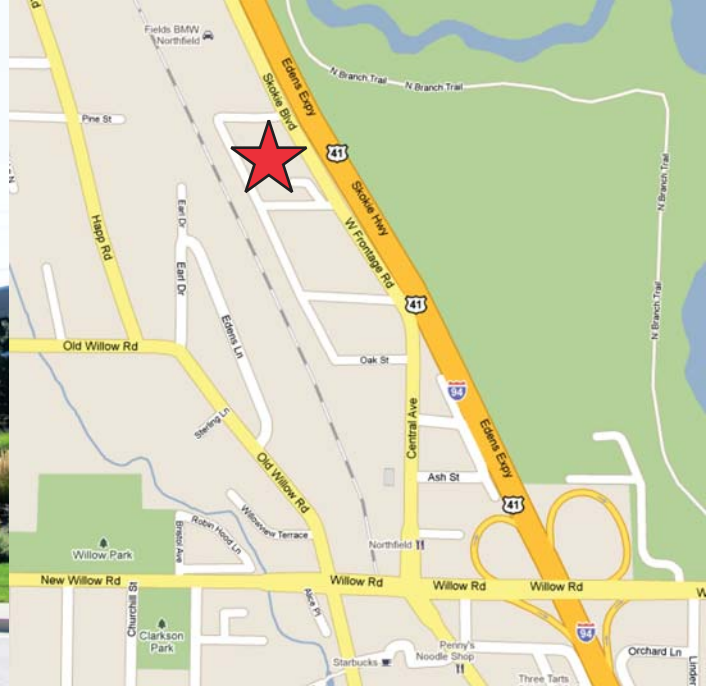
# Directions to Central Polygraph Service

## One Northfield Plaza - 560 Frontage Road - Northfield, Illinois 60093

### Tel 847-919-0027 (Press Option "6" for Automated Driving Directions)

**GPS USERS:** When entering the address of 560 Frontage Road in Northfield Illinois, please be advised that some GPS systems may show the city as WINNETKA as Northfield and Winnetka both share the same zip code of 60093

## APPOINTMENTS ARE REQUIRED



### Directions from Chicago Area and Downtown

Take I-94 West. Continue on I-94 passing Dempster Street, Old Orchard and Lake Street until WEST WILLOW ROAD EXIT 33A. Exit at the WEST WILLOW ROAD EXIT 33A. At the stop light, on the corner of CENTRAL AVE (and HAPP ROAD) where the Starbucks Coffee is, turn right. Proceed approximately 0.4 miles on CENTRAL AVE which will curve to the left and merge into FRONTAGE ROAD to ONE NORTHFIELD PLAZA which will be on your left side just prior to the Jeep dealership. Proceed to the 3rd floor of One Northfield Plaza - Suite 300.

### Directions from O'Hare Airport Area

Take I-294 North towards Milwaukee. Exit at the WILLOW ROAD EXIT and turn right. Continue driving East on Willow Road until CENTRAL AVE (and HAPP ROAD) where the Starbucks Coffee is and turn left on CENTRAL AVE. Proceed approximately 0.4 miles on CENTRAL AVE which will curve to the left and merge into FRONTAGE ROAD to ONE NORTHFIELD PLAZA which will be on your left just side prior to the Jeep dealership. Proceed to the 3rd floor of One Northfield Plaza - Suite 300.

### Directions from Schaumburg

Take IL-53 North towards Rolling Meadows. Take the East Palatine Road Exit. Drive East on Palatine Road which will become Palatine Road Express Lanes. Take the Palatine Road Express Lanes driving East which will become Willow Road. Continue driving East on Willow Road until CENTRAL AVE (and HAPP ROAD) where the Starbucks Coffee is and turn left on CENTRAL AVE. Proceed approximately 0.4 miles on CENTRAL AVE which will curve to the left and merge into FRONTAGE ROAD to ONE NORTHFIELD PLAZA which will be on your left side just prior to the Jeep dealership. Proceed to the 3rd floor of One Northfield Plaza - Suite 300.

### Directions from Arlington Heights

Take the Palatine Road Express Lanes driving East which will become Willow Road. Continue driving East on Willow Road until CENTRAL AVE (and HAPP ROAD) where the Starbucks Coffee is and turn left on CENTRAL AVE. Proceed approximately 0.4 miles on CENTRAL AVE which will curve to the left and merge into FRONTAGE ROAD to ONE NORTHFIELD PLAZA which will be on your left side just prior to the Jeep dealership. Proceed to the 3rd floor of One Northfield Plaza - Suite 300.

### Directions from Deerfield, Gurnee and Milwaukee

Take US-41 South or I-94 East towards Chicago. Continue on I-94 passing Lake Cook Road and Dundee Road until EAST TOWER ROAD EXIT 31. Exit at the EAST TOWER ROAD EXIT 31. At the stop light, turn left onto FRONTAGE ROAD. Proceed approximately 0.5 miles to ONE NORTHFIELD PLAZA which will be on your right side just after the Jeep dealership. Proceed to the 3rd floor of One Northfield Plaza - Suite 300.

## Arrival to Central Polygraph Service - One Northfield Plaza



**One Northfield Plaza  
Main Entrance**



**3rd Floor  
Reception Area**



**Ground Floor  
Cafeteria Waiting Room**

### Directions Upon Arrival for Polygraph Test to One Northfield Plaza

When arriving, please proceed to the 3rd floor of One Northfield Plaza (the taller of the two office buildings) and be seated in the reception area to the left of the elevators. An examiner will be with you promptly at your scheduled appointment time. You must arrive on time to your appointment. Appointments begin on time and do not begin earlier than the time scheduled. For confidentiality purposes, individuals are requested not to proceed up to the 3rd floor more than 10 minutes prior to their scheduled test appointment time. Please be advised that if your appointment is scheduled for after 5:00 PM Monday thru Friday, or if your appointment is scheduled on a Saturday, Sunday or on a Holiday, the second set of automatic sliding glass doors in the One Northfield Plaza lobby may be locked by security. A staff member or examiner will arrive downstairs to open the second set of glass doors approximately 5 minutes prior to your appointment time. Please be advised that only a maximum of (2) people are allowed on the 3rd floor per appointment slot (the person taking the polygraph test and one other guest/individual) unless otherwise pre-authorized by an examiner in advance. All other individuals, including all children below the age of 13, must remain in the cafeteria area on the ground level at all times.

### Important: Arriving On-Time

Please be advised that it is the sole responsibility of the examinee and or client to arrive on time to their polygraph test appointment on the date and time scheduled. Examinees and or clients are strongly encouraged to familiarize themselves with the driving directions, road conditions and any other traffic delays prior to departing for their appointment. Staff and examiners are unable to provide live driving directions via telephone to individuals and thus examinees and clients are strongly encouraged to use the resources provided on our web site and in this packet. Clients and or examinees may also obtain automated voice prompted driving directions while driving by calling our office at 1-847-919-0027 and selecting No. 6 from the touch tone menu system. Due to heavily booked testing schedules, no refunds can be given for missed appointments for any reasons, or arriving late for any reasons. Examinees and or clients must be ready to start their appointment at the exact time scheduled. Examinees and or clients are strongly encouraged to use the bathroom facilities prior to their appointment start time.

### Public Transportation Serving One Northfield Plaza

Taxi	Tel (847) 303-0303	<a href="http://www.303taxi.com">www.303taxi.com</a>
Pace Bus	Route 421	<a href="http://www.pacebus.com">www.pacebus.com</a>
CTA Train	Purple Line - Linden Stop	<a href="http://www.transitchicago.com">www.transitchicago.com</a>
Metra Train	Hubbard Woods or Winnetka	<a href="http://www.metrarail.com">www.metrarail.com</a>

**NOTICE TO EMPLOYEE**  
**EMPLOYEE POLYGRAPH PROTECTION ACT**

Section 8(b) of the Employee Polygraph Protection Act, and Department of Labor regulations (29 CFR 801.22, 801.2, 801.24, and 801.25) require that you be given the following information before taking a polygraph examination:

1. (a) The polygraph examination area does contain a video camera through which you may be observed and recorded.  
(b) Another device, such as those used in conversation or recording, will be used during the examination.  
(c) Both you and the employer have the right, with the other's knowledge, to record electronically the entire examination.
2. (a) You have the right to terminate the test at any time.  
(b) You have the right, and will be given the opportunity, to review all questions to be asked during the test.  
(c) You may not be asked questions in a manner which degrades, or needlessly intrudes.  
(d) You may not be asked any questions concerning: Religious beliefs or opinions; beliefs regarding racial matters; political beliefs or affiliations; matters relating to sexual preference or behavior; beliefs, affiliations, opinions, or lawful activities regarding unions or labor organizations.  
(e) The test may not be conducted if there is sufficient written evidence by a physician that you are suffering from a medical or psychological condition or undergoing treatment that might cause abnormal responses during the examination.  
(f) You have the right to consult with legal counsel or other representative before each phase of the test, although the legal counsel or other representative may be excluded from the room where the test is administered during the actual testing phase.
3. (a) The test is not and cannot be required as a condition of employment.  
(b) The employer may not discharge, dismiss, discipline, deny employment or promotion, or otherwise discriminate against you based on the analysis of a polygraph test, or based on your refusal to take such a test without additional evidence which would support such action.  
(c) (1) In connection with an ongoing investigation, the additional evidence required for an employer to take adverse action against you, including termination, may be (A) evidence that you had access to the property that is the subject of the investigation, together with (B) the evidence supporting the employer's reasonable suspicion that you were involved in the incident or activity under investigation.  
(2) Any statement made by you before or during the test may serve as additional supporting evidence for an adverse employment action, as described in 3(b) above, and any admission of criminal conduct by you may be transmitted to an appropriate government law enforcement agency.
4. (a) Information acquired from a polygraph test may be disclosed by the examiner or by the employer only:  
(1) To you or any other person specifically designated in writing by you to receive such information;  
(2) To the employer that requested the test;  
(3) To a court, governmental agency, arbitrator, or mediator that obtains a court order;  
(4) To a U.S. Department of Labor official when specifically designated in writing by you to receive such information.  
(b) Information acquired from a polygraph test may be disclosed by the employer to an appropriate governmental agency without a court order where, and only insofar as, the information disclosed is an admission of criminal conduct.
5. If any of your rights or protections under the law are violated, you have the right to file a complaint with the Wage and Hour Division of the U.S. Department of Labor, or to take action in court against the employer. Employers who violate this law are liable to the affected examinee, who may recover such legal or equitable relief as may be appropriate, including, but not limited to, employment, reinstatement, and promotion, payment of lost wages and benefits, and reasonable costs, including attorney's fees. The Secretary of Labor may also bring action to restrain violations of the Act, or may assess civil money penalties against the employer.
6. Your rights under the Act may not be waived, either voluntarily or involuntarily, by contract or otherwise, except as part of a written settlement to pending action or complaint under the Act, and agreed to and signed by the parties.

I acknowledge that I have received a copy of the above notice, and that it has been read to me.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Witness Signature



# POLYGRAPH EXAMINATION REQUEST AND PAYMENT AUTHORIZATION



## CLIENT PAYEE INFORMATION - PERSON REQUESTING AND PAYING FOR POLYGRAPH EXAMINATION

Client Name  Company Name   
Street Billing Address  Apt/Suite No.   
City  State  Zip Code   
Contact Tel No.  E-Mail Address

## EXAMINEE INFORMATION - EMPLOYEE TAKING POLYGRAPH EXAMINATION

Requesting Polygraph Examination For (Full Name of Examinee)

## POLYGRAPH EXAMINATION DATE - TIME - COST

Examination Date  Examination Time  AM PM Total Examination Cost **\$ 450.00 Per Employee**

## PAYMENT INFORMATION

Paying by  Visa  MasterCard  American Express  Discover  Bank Debit Card  
Credit Card Account Number  Expiration Date   
Verification Last 3 Digit Numbers on Back of Credit Card (Visa/MC/Discover) or 4 Digit Numbers on Front of Card (Amex)   
Purchase Order/Authorization Reference No. (If Applicable)

## TERMS AND CONDITIONS - PLEASE READ CAREFULLY BEFORE SIGNING

By signing this Polygraph Examination Request and Payment Authorization Form, I fully authorize Central Polygraph Service Limited to charge my above credit card account in the above stated total examination cost amount for a polygraph examination and agree to all terms and conditions for credit card authorizations and sales. I also agree not to charge back Central Polygraph Service Limited or to dispute this credit card charge with my issuing credit card company or bank regardless of the outcome, results and or opinions rendered by Central Polygraph Service Limited and or any of its officers, employees and or examiners in relation to the polygraph examination. There is a \$100.00 non-refundable deposit to schedule a polygraph appointment. I fully understand that in the event I or the examinee cancel the polygraph examination appointment less than 48 hours prior to the stated examination date or if the examinee fails to appear for the polygraph examination on the stated examination date and time, the above total examination cost (minus the deposit) will be charged to my credit card. I also fully understand that once the appointment session has begun, the above total examination cost is non-refundable regardless of the final results and or opinions rendered or of the early termination of the examination process by either the client, examinee and or examiner. I do hereby RELEASE, WAIVE, FOREVER DISCHARGE, AGREE TO A COVENANT NOT TO SUE and COVENANT FOREVER to hold the aforesaid free from all harm Central Polygraph Service Limited and any of its Examiners, officers and or employees from any and all suits, actions, causes of action at law, claims, demands, liability of any kind or description which I have now or may have resulting directly or indirectly or remotely from requesting, paying for and or taking this polygraph examination, operation of all recording devices, releasing of the recordings, the oral and written opinions rendered, releasing of the written report and all future actions taken by the examinee because of the polygraph examination. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS Central Polygraph Service Limited and any of its Examiners, officers and or employees from any loss, liability, lawsuits, damages or costs, including court costs and attorney's fees, that they may incur due to the polygraph examination, release of the recordings, release of the results, release of the written report and or Examiner's opinion and WHETHER CAUSED BY NEGLIGENCE OF Central Polygraph Service Limited and any of its Examiners, officers and or employees.

I have carefully read, fully understand and agree to all of the foregoing and I sign this document freely and voluntarily.

Print Name of Client \_\_\_\_\_

Signature of Client \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

**EMPLOYER'S NOTICE TO CENTRAL POLYGRAPH SERVICE**  
OF EMPLOYEE TO BE ADMINISTERED A POLYGRAPH EXAMINATION PURSUANT TO SECTION 7(d) OF  
THE EMPLOYEE POLYGRAPH PROTECTION ACT OF 1988

COMPANY NAME: \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

TEL: \_\_\_\_\_ CELLULAR: \_\_\_\_\_ FAX: \_\_\_\_\_

EMPLOYEE'S NAME: \_\_\_\_\_

LOCATION WHERE EMPLOYEE IS EMPLOYED: \_\_\_\_\_

Enclosed with this notice are the following completed and signed documents:

- |   |                |
|---|----------------|
| <input type="checkbox"/> Copies of <b>FORM 101-A, 101-B and 101-C</b> | 3 Pages        |
| <input type="checkbox"/> Copy of <b>FORM 104</b>                      | 1 Page         |
| <input type="checkbox"/> <b>PAYMENT AUTHORIZATION FORM</b>            | 1 Page         |
| <b>Total Pages (Including This One):</b>                              | <b>6 Pages</b> |
| <input type="checkbox"/> + Additional Supporting Documents:           | ___ Pages      |

**PLEASE TAKE NOTICE** that the above named employee is to be administered a polygraph examination in connection with an ongoing investigation, pursuant to Section 7(d) of the Employee Polygraph Protection Act of 1988 and the applicable Department of Labor Regulations.

\_\_\_\_\_  
EMPLOYER SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE AND POSITION

\_\_\_\_\_  
DATE

**PLEASE FAX THIS PAGE ALONG WITH THE ABOVE  
COMPLETED AND SIGNED DOCUMENTS TO  
847-915-7891**