

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 that 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 guestions, 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

COMP	ANY NAME:						
EMPL	OYER'S NAME:						
COMP	ANY ADDRESS:						
EMPL(OYEE'S NAME:						
LOCA	TION WHERE EMPLOYEE IS EMPLOY	ED:					
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						
	☐ Theft	☐ Misappropriation/Embezzlement	☐ Check Kiting				
	☐ Industrial Espionage	☐ Product Tampering	Sabotage				
	■ Money Laundering	☐ Secret Information	☐ Intellectual Property				
	■ Other:						

EMPLOYER'S STATEMENT TO EMPLOYEE

WITH RESPECT TO ONGOING INVESTIGATION AND NOTICE OF REQUEST FOR POLYGRAPH EXAMINATION - PAGE 2 of 3

	EMS ARE LOCATED AND THE EMPLOYEE'S ACCESS THERETO:
	F EMPLOYER'S REASONABLE SUSPICION THAT THE EMPLOYEE WAS INVOLVED IN THE INC VITY UNDER INVESTIGATION
A) Inform	nation from a co-worker or other individual:
(Note: The	identity of person providing information used to establish reasonable suspicion NEED NOT be revealed)
D) Incom	
b) incons	sistencies between facts, claims or statements that surfaced during the investigation:
C) Emplo	yee's behavior or conduct:
C) Emplo	yee's behavior or conduct:
C) Emplo	yee's behavior or conduct:
C) Emplo	yee's behavior or conduct:
	nstances surrounding access or opportunity:

EMPLOYER'S STATEMENT TO EMPLOYEE

WITH RESPECT TO ONGOING INVESTIGATION AND NOTICE OF REQUEST FOR POLYGRAPH EXAMINATION - PAGE 3 of 3

DATE					
DATE					
TO:					
	PLOYEE NAME				
EMPL	OYEE ADDRESS				
You are hereby requested to s Polygraph Service Limited at:	submit to a polygraph examination on _	DATE	at	TIME	at Central
	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 attach	ed to this letter.			
Please be advised that you hat employee representative before	ve forty-eight hours, excluding weekend re the scheduled examination.	days and holiday	s, in which to	o consult with	n an attorney or
You also have the right to c examination. However, your a administered during the actual	onsult with legal counsel or an employ attorney or employee representative ma testing phase.	yee representativ ay be excluded fr	e before ea om the roor	ch phase of n where the	the polygraph examination is
The undersigned, an authorize	d representative of the employer, states a	as follows:			
B) There is rea	ation contained herein is true to the best on asonable suspicion that the employee wa I 3 pages of the EMPLOYER'S STATEME in on:	s involved in the in	cident or act	ivity under inv	
	at	TIME	_		
EMPLOYER SIGNATURE	PRINT NAME	TITLE AND	POSITION		DATE
Received a copy of this EMP	LOYER'S STATEMENT TO EMPLOYEE	:			
EMPLOYEE SIGNATURE	PRINT NAME	DATE		TIME	
WITNESS	PRINT NAME				

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:

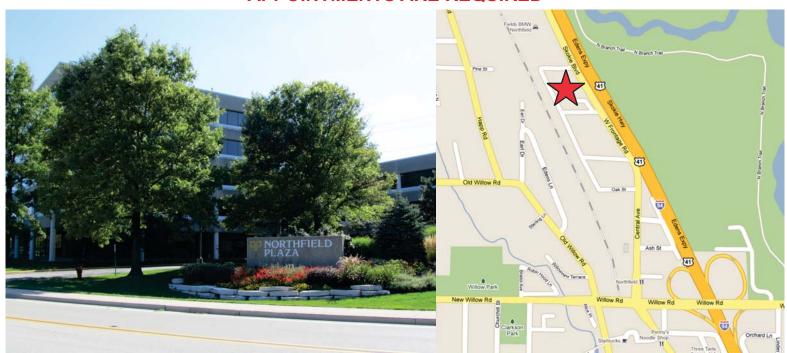
- 1. (a) The polygraph examination area does contain a video camera through which you may be observed and recorded.
 - (b) Another device, such as those used in conversation or recording, will be used during the examination.
 - (c) Both you and the employer have the right, with the other's knowledge, 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.

part of a written settlement to pending action of complaint under the Act, and agreed to and signed by the par						
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						

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 Field's Land Rover and BMW Auto Group Car 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 Field's Land Rover and BMW Auto Group Car 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 Field's Land Rover and BMW Auto Group Car 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 Field's Land Rover and BMW Auto Group Car Dealershipp. 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 Field's Land Rover and BMW Auto Group Car 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 15 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 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 <u>www.303taxi.com</u>

Pace Bus Route 421 <u>www.pacebus.com</u>

CTA Train Purple Line - Linden Stop <u>www.transitchicago.com</u>

Metra Train Hubbard Woods or Winnetka <u>www.metrarail.com</u>

POLYGRAPH EXAMINATION REQUEST AND PAYMENT AUTHORIZATION



CLIENT PAYEE INFORM	MATION - PERS	ON REQUE	ESTING AND I	PAYING FOR	POLYGRAP	H EXAMII	NATION
Client Name Company Name							
Street Billing Address					Apt/Suite No).	
City		State			Zip Cod	е	
Contact Tel No.			E-Mail Address				
EXAMINEE INFORMAT	ION - PERSON	TAKING PO	DLYGRAPH EX	XAMINATION			
Requesting Polygraph Exan	nination For (Full N	ame of Exan	ninee)				
Client Relationship to Exami	inee □Self □	⊒Family/Rela	ative \(\sigma\) Attorne	y Therapist	□Current Er	nployer \Box	Prospective Employer/Applicant
	□Gover	nmentAgend	y 🖵 Police Dep	oartment □Inv	estigative Age	ncy O th	ner
POLYGRAPH EXAMINA	ATION DATE - TI	ME - COST	Γ				
Examination Date		Examination	Time	□AM□PM	Total Examir	nation Cost	\$
PAYMENT INFORMATION	ON						
Paying by	□Visa □Master	Card □Am	erican Express	□Discover □	Bank Debit Ca	ard □Gov	vernment Billing Account
	You must still provide credit card in Cashier Check (formation to guarantee Law Firms Only	the examination appointment (r)	reservation if paying by Cashi sh Amount Paid	er Check or Cash To and Receive	ed by CPS	\$ Cash Amount Paid Valid Only With Confirmation Stamp
Credit Card Account Numbe	r					Expirati	ion Date
Verification Last 3 Digit Num	bers on Back of Cr	edit Card (Vi	sa/MC/Discover) or 4 Digit Numb	oers on Front o	f Card (Am	lex)
Purchase Order/Authorization	on/Miscellaneous	Note:					
TERMS AND CONDITION	NS - PLEASE F	READ CAR	EFULLY BEFO	RE 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. 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 and time, 100% of the above total examination cost will be charged to my credit card. I also fully understand that if the examinee fails to appear for the polygraph examination on the stated examination date and time, 100% of the above total examination cost 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 TOA 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							

Date

Time

Signature of Client

Print Name of Client

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 NAN	ΛΕ:		
EMPLOYER'S N	NAME:		
COMPANY ADD	PRESS:		
TEL:	CELLULAR:		FAX:
EMPLOYEE'S N	JAME:		
LOCATION WHI	ERE EMPLOYEE IS EMPLOYED:		
Enclosed with th	is notice are the following completed and sign	ed documents:	
	☐ Copies of FORM 101-A , 101-B and 1 0☐ Copy of FORM 104 ☐ PAYMENT AUTHORIZATION FORM	1	Pages Page Page
	Total Pages (Including This One):	6	Pages
	■ + Additional Supporting Documents:	_	_ Pages
	NOTICE that the above named employee is to ation, pursuant to Section 7(d) of the Employee ions.		
EMPLOYER S	IGNATURE PRINT NAME	TITLE AND POSI	TION DATE

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