

∞ACCENT INVESTIGATIONS, LLC.∞

MASSACHUSETTS GENERAL LAWS c. 149. § 19B requires the following statement: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

ACCENT

ACCENT INVESTIGATIONS

DATE: _____

LAST NAME: _____ FIRST: _____ M.I. _____

PHONE: (DAY) : _____ (EVENING) _____

STREET: _____ CITY: _____

STATE: _____ ZIP CODE: _____ YEARS AT THIS ADDRESS: _____

PREVIOUS ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ YEARS AT THIS ADDRESS: _____

SOCIAL SECURITY: _____ DRIVER'S LICENSE: _____

OVER 18 YEARS OLD? YES: _____ NO: _____

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYES: _____

DO YOU OWN A CAR? _____ YEAR: _____ MAKE: _____ COLOR: _____ PLATE: _____

POSITION DESIRED: _____ WEEKLY SALARY: _____

DO YOU SPEAK, READ, OR WRITE ANY FOREIGN LANGUAGES? _____

HAVE YOU SERVED IN THE ARMED FORCES? _____ FROM: _____ TO: _____

BRANCH: _____ RANK: _____ TYPE OF DISCHARGE: _____

HAVE YOU EVER BEEN ARRESTED? _____ IF YES, WHY? _____

HAVE YOU EVER BEEN FINGERPRINTED? _____ IF YES, WHY? _____

HAVE YOU EVER TAKEN A POLYGRAPH?___ IF YES, WHY?_____

HAVE YOU EVER HAD A PISTOL PERMIT?___ WHERE ISSUED:_____

TYPE?_____ EXPIRATION DATE:_____ NUMBER:_____

HAVE YOU EVER HAD A PRIVATE DETECTIVE LICENSE REVOKED OR DENIED?___
___ IF YES, WHY?_____

SPECIFY ANY SPECIAL TRAINING OR SKILLS YOU HAVE:_____

SPECIFY ANY PRIOR INVESTIGATIVE EXPERIENCE:_____

ACTIVITIES AND HOBBIES?_____

ARE YOU WILLING TO TRAVEL?___ DISTANCE?___ TIME?_____

.....
PERSONAL REFERENCES
.....

LIST TWO PEOPLE, NOT RELATIVES OR FORMER EMPLOYEES:

NAME:_____ OCCUPATION:_____

ADDRESS:_____ PHONE:_____

NAME:_____ OCCUPATION:_____

ADDRESS:_____ PHONE:_____

.....
EDUCATION
.....

ATTENDING SCHOOL NOW?___ WHERE?_____

DAYS/HOURS:_____ STUDIES:_____

LAST SCHOOL ATTENDED:_____ FROM:___ TO:_____

ADDRESS:_____ TYPE:_____

GRADUATE?___ DEGREE?_____

PREVIOUS SCHOOL: _____ FROM: _____ TO: _____

ADDRESS: _____ TYPE: _____

GRADUATE? _____ DEGREE? _____

SPECIFY ANY HONORS, AWARDS OR CERTIFICATES RECEIVED: _____

.....
EMPLOYMENT HISTORY
.....

FROM: _____ TO: _____ EMPLOYER: _____

ADDRESS: _____ PHONE: _____

POSITION: _____ SUPERVISOR: _____

BEGINNING SALARY: _____ ENDING SALARY: _____

DESCRIPTION OF RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

FROM: _____ TO: _____ EMPLOYER: _____

ADDRESS: _____ PHONE: _____

POSITION: _____ SUPERVISOR: _____

BEGINNING SALARY: _____ ENDING SALARY: _____

DESCRIPTION OF RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

FROM: _____ TO: _____ EMPLOYER: _____

ADDRESS: _____ PHONE: _____

POSITION: _____ SUPERVISOR: _____

BEGINNING SALARY: _____ ENDING SALARY: _____

DESCRIPTION OF RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

PHYSICAL RECORD

NAME OF PHYSICIAN: _____

ADDRESS: _____

NAME AND ADDRESS OF HOSPITAL: _____

MOST RECENT VISIT TO A DOCTOR: _____

REASON: _____

IN CASE OF AN EMERGENCY, NOTIFY: _____

ADDRESS: _____

PHONE: _____ RELATIONSHIP: _____

STATE ANY SCARS, MARKS OR TATTOOS: _____

ANY SERIOUS ILLNESS IN LAST FIVE (5) YEARS: _____

EVER FILE AND/OR BE AWARDED A WORKMAN'S COMPENSATION CLAIM
(EXPLAIN): _____

EVER RECEIVE INSURANCE BENEFITS AS A RESULT OF A DISABILITY (EXPLAIN) _____

CHECK IF YOU EVER HAD OR STILL HAVE ANY OF THE FOLLOWING:

- | | | |
|------------------------|---------------------------|---------------------|
| _____ BROKEN BONES | _____ HERNIA OR RUPTURE | _____ HEART DISEASE |
| _____ HIGH BLOOD PRES. | _____ DEFECTIVE EYESIGHT | _____ STRAINS |
| _____ DISLOCATIONS | _____ KIDNEY TROUBLE | _____ DIZZINESS |
| _____ HEARING IMPAIR. | _____ AMPUTATIONS | _____ STIFF JOINTS |
| _____ TUBERCULOSIS | _____ NERVOUS DISORDERS | _____ SKIN DISEASE |
| _____ CANCER/TUMOR | _____ VENEREAL DISEASE | _____ CONCUSSION |
| _____ SKULL FRACTURE | _____ CIRCULATORY DISEASE | _____ DIABETES |
| _____ PHYS. DEFORMITY | _____ BACK TROUBLE | _____ EPILEPSY |
| _____ ANY DISABILITY | _____ LUNG CONDITION | _____ PANTING |

EXPLAIN ANY OF THE ABOVE THAT APPLY: _____

RELEASE AUTHORIZATION FOR BACKGROUND INFORMATION

ACCENT INVESTIGATIONS

PRE-EMPLOYMENT INQUIRY RELEASE

IN CONNECTION WITH, AND DURATION OF MY EMPLOYMENT (INCLUDING CONTRACT FOR SERVICES) WITH YOU, I UNDERSTAND THAT INVESTIGATIVE BACKGROUND INQUIRIES ARE TO BE MADE ON MYSELF INCLUDING CONSUMER, CRIMINAL, DRIVING AND OTHER REPORTS. THESE REPORTS WILL INCLUDE INFORMATION AS TO MY CHARACTER, WORK HABITS, PERFORMANCE AND EXPERIENCE ALONG WITH REASONS FOR TERMINATION OF PAST EMPLOYMENT FROM PREVIOUS EMPLOYERS. FURTHER, I UNDERSTAND THAT YOU WILL BE REQUESTING INFORMATION FROM VARIOUS FEDERAL, STATE AND OTHER AGENCIES WHICH MAINTAIN RECORDS CONCERNING MY PAST ACTIVITIES RELATING TO MY DRIVING, CREDIT, CRIMINAL, CIVIL AND OTHER EXPERIENCES AS WELL AS CLAIMS INVOLVING ME IN THE FILES OF INSURANCE COMPANIES.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS EMPLOYER TO FURNISH THE ABOVE-MENTIONED INFORMATION:

PRINT FULL NAME _____

SOC. SEC. NO. ____/____/____

DATE OF BIRTH** ____/____/____
MONTH DAY YEAR

CURRENT ADDRESS _____

CITY/STATE/ZIP _____

DRIVER'S LICENSE NO. _____ STATE _____

APPLICANT'S SIGNATURE _____ DATE _____

PROSPECTIVE EMPLOYER _____

***Date of Birth is being requested in order to obtain accurate retrieval of records.**

STATEMENT OF RESPONSIBILITY AND LIABILITY

I, _____, RECOGNIZE THAT IN MY CAPACITY AS AN EMPLOYEE OF ACCENT INVESTIGATIONS I WILL BE RESPONSIBLE TO MAKE ACCURATE REPORT ENTRIES, WHICH MUST BE HONESTLY SET FORTH AND ACCURATE TO THE BEST OF MY ABILITY.

I FURTHER RECOGNIZE THAT ALL INFORMATION PERTAINING TO ACCENT INVESTIGATIONS' (ACCENT) CLIENTS IS HIGHLY CONFIDENTIAL AND I AGREE TO PROTECT SAID CONFIDENTIALITY OF CLIENT NAMES, JOB SITE LOCATIONS, JOB RELATED INCIDENTS, ETC. I FURTHER RECOGNIZE THAT FAILURE TO PROTECT SAID CONFIDENTIALITY, OR KNOWINGLY GIVE FALSE INFORMATION ON MY REPORTS MAY COMPROMISE MYSELF, THE CLIENT, OR ACCENT, AND I RECOGNIZE THAT ANY SUCH ACTIONS ON MY PART, MAY RESULT IN MY IMMEDIATE TERMINATION, AND MY ASSUMING LIABILITY, EITHER CIVIL OR CRIMINAL, INCLUDING MONETARY DAMAGES, AND I HEREBY INDEMNIFY ACCENT AGAINST SUCH ACTIONS. IN ACCEPTING EMPLOYMENT WITH ACCENT, I AGREE TO ABIDE BY RULES AND REGULATIONS, WHICH ARE IN EFFECT, OR MAY BE ESTABLISHED IN THE FUTURE.

I DECLARE THAT MY ANSWERS TO THE QUESTIONS ON MY APPLICATION ARE TRUE AND CORRECT, AND GIVE ACCENT THE RIGHT TO INVESTIGATE ANY AND ALL REFERENCES GIVEN, AND TO SECURE ADDITIONAL INFORMATION RELATING TO THE APPLICATION. I HEREBY RELEASE FROM ALL LIABILITY OR RESPONSIBILITY, ALL PERSONS, COMPANIES, OR CORPORATIONS FURNISHING INFORMATION ABOUT ME IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT.

FULL SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____

ACCENT INVESTIGATIONS

PO BOX 35 NOTH ATTLEBORO MA 02761 ~ 508-643-0266 / FAX 508-643-0466 ACCENTINVESTIGATIONS.COM

DRUG FREE WORKPLACE POLICY

Drug use and abuse at the workplace or while on duty are subjects of immediate concern in our society. These problems are extremely complex and ones for which there are no easy solutions. From a safety perspective, the users of drugs may impair the well being of all employees, the public at large. And result in damage to property. Therefore, it is the policy of Accent Investigations, LLC, that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in the workplace. Any employee(s) violating this policy will be subject to discipline up to and including termination. An employee may also be discharged or otherwise disciplined for a conviction involving illicit drug behavior, regardless of whether his/her actions were connected in any way with his or her employment. The specifics of this policy are as follows:

- 1) Any unauthorized employee who gives or in any way transfers a controlled substance to another person or sells or manufactures a controlled substance while on duty, regardless of whether the employee is on or off the premises of the employer will be subject to discipline up to and including termination.
- 2) The term "controlled substance" means any drugs listed in 21 U.S.C. 812 and other federal regulations. Generally, all illegal drugs and substances are included, such as marijuana, heroin, morphine, cocaine, codeine, or opium additives, LSD, DMT, STP, amphetamines, methamphetamines, and barbituates.
- 3) Each employee is required by law to inform the agency within five (5) days after he/she is convicted for violation of any federal or state criminal drug statute. A conviction means a finding of guilt (including a plea of nolo contendere) or the imposition of a sentence by a judge or jury in any federal or state court.
- 4) The employer (the hiring authority) will be responsible for reporting conviction(s) to the appropriate federal granting source, within (10) days after receiving notice from the employer or otherwise receives actual notice of such conviction(s). All conviction(s) must be reported in writing to the Office of Personnel Administration (OPA) within the same time frame.
- 5) If an employee is convicted of violating any criminal drug statute while on duty, he/she will be subject to discipline up to and including termination. Conviction(s) while off duty may result in discipline or discharge.
- 6) Accent Investigations, LLC encourages any employee with a drug problem to seek assistance from a substance abuse treatment program in his/her area.
- 7) The law requires all employees to abide by this policy

DATE _____

SIGNATURE _____