



# Sample Employee Confidentiality Agreement



Employee (Print Name): \_\_\_\_\_

Date: \_\_\_\_\_

I understand that in the execution of my duties as an employee of \_\_\_\_\_  
(The Company), I will be exposed to confidential information, media and/or items (Information)  
belonging to The Company and its clients. I understand that a significant responsibility of all  
employees of The Company is to maintain and protect the confidentiality of all Information taken  
into the custody of The Company.

I understand that The Company in fact and in law assumes fiduciary custody of any and all  
Information accepted, received or removed from the client by any of its agents.

I understand that The Company is willing to employ me on the basis that I will prevent all  
Information in the custody of The Company from being viewed, taken, removed, inspected,  
copied, read, recorded, reproduced, photographed, memorized, conveyed, analyzed, broadcast,  
transferred or rendered suitable to transfer to or by any unauthorized person.

As an employee, I am not allowed to remove any item at a customer's location or the facility that  
has been designated for destruction by the customer. Products accepted by The Company for  
destruction are to be considered confidential and that removal or use by an employee is a  
violation and is cause for dismissal and subject to possible legal prosecution.

In consideration of these facts:

I understand and agree that I will not copy, memorize, or physically or verbally transfer or convey  
to any person, any Information that I encounter, learn, observe, read, glean or otherwise obtain in  
executing my duties for The Company.

I understand and accept the responsibility to prevent unauthorized access to Information in the  
custody of The Company to the best of my ability. I understand and accept the responsibility to  
report any unauthorized access or attempted unauthorized access by anyone at anytime to  
Information in the custody of The Company, or any activity by any employee or agent of The  
Company that would allow or facilitate such access to Information whether intentional or  
negligent. I understand and accept the responsibility to report any actual, attempted or potential  
breach of confidentiality whether I observe it first hand or become aware of it afterward, and  
further, I understand that any failure to report such breach renders me a party to it.

I have reported the information requested by The Company about my employment history and  
criminal background truthfully and accurately.

I understand that any material breach of this agreement, violation of the policies and procedures  
of The Company, or discovery of false information provided by me to The Company relevant to  
my employment history or criminal background are grounds for my immediate dismissal.

I understand that I am financially and criminally responsible for damages and/or material loss to  
The Company and its clients resulting from my breach of this agreement, violation of the policies  
and procedures of The Company, or criminal acts during my employment by the Company.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_