Confidentiality Agreement

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that in the course of my employment with **COMPANY NAME** may possess information about the operations of **COMPANY NAME**, its collaborators, clients, and employees.

I agree that I will not, without due authorization, disclose or make known any confidential information which comes into my knowledge by reason of employment, either during the period of my placement with **COMPANY NAME** or afterwards.

I understand that my right to access and make use of confidential information is restricted to my need to know that information to perform my employment responsibilities.

I understand that unauthorized disclosure and/or misuse of confidential information is a serious breach of duty, and may result in disciplinary action up to, and including, termination of placement with **COMPANY NAME**, as well as legal action.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Employee Name

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date

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

Witness Name

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

Witness Signature

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

Date