



Human Resources Department

PROMOTIONAL PROCESS

TEST CONFIDENTIALITY AGREEMENT

I, _____ (PRINT), understand the need for confidentiality regarding all portions of the promotional process. I, by signature below, agree that all testing components shall be held in complete confidence. I further agree, as attested by my signature below, that I will not discuss the process or the materials reviewed with any person before, during, or after the promotional process.

I further understand that willfully or unintentionally providing any person with information regarding the promotional process could invalidate the process as well as compromise the integrity of the person providing such information and could result in disciplinary action. Such breach of confidentiality would result in a significant loss of money for the City of Albuquerque, both in lost staff time and in potential legal liability. Accordingly, I also agree that, from this date forward to the conclusion of the promotional process, I will not provide any formal training or informal assistance, on-site or off-site, to prepare any staff or any candidates, directly or indirectly, for this process.

I agree to take every precaution to maintain the security, confidentiality, and integrity of all information and materials reviewed, discussed, and/or seen. I agree that I will not take, copy, or in any other way transmit information regarding this process. I also agree to report to the Director of Human Resources, in writing, as soon as I become aware of any situation in which I may have a conflict or where an appearance of impropriety may exist. Such situation, including, but are not limited to, my having a personal relationship with any individual who could be eligible to participate in the promotional process.

I affirmatively state that I am not related by blood, marriage, or domestic partnership to any candidate participating in the process.

I understand and agree to the terms set forth in this test security agreement.

(Participant's Signature)

(Date)

STATE OF NEW MEXICO)
)ss.
COUNTY OF BERNALILLO)

SUBSCRIBED AND SWORN TO AND ACKNOWLEDGED before me the _____ day of _____ by
Month, Year

Participant's Name / / / /
Employee Number Rank/Title City Department

My Commission Expires:

Notary Public