



Job Search Rules and Regulations

The following is a list of the rules, regulations, and expectations of all clients who are permitted by court order to have time out of their residence for the purpose of seeking employment. If these rules and regulations are not followed, ADL Monitoring of Maryland, LLC reserves the right to suspend job search privileges until further notice.

1. I understand that I may be permitted a maximum of three (3) days of job search in any seven (7) day period.
2. I understand that I am allowed a maximum of three (3) hours on each approved day to seek employment, including travel time.
3. I understand that Job Search must be completed between the hours of 8:00 a.m. and 6:00 p.m., including travel time.
4. I understand that a job search schedule must be received by the ADL Monitoring of Maryland, LLC office at least twenty-four (24) hours in advance for proper approval. Any job search request for weekend days must be received no later than 3:00 p.m. on Friday. NO EXCEPTIONS.
5. All job search schedule requests must be accompanied by the following information for each location:
 - Full name of the business
 - Full physical address of the business location
6. All job search activity must be verified by one of the following methods:
 - A copy of the completed employment application showing the business address and phone number, the date and time you were at the location, and the name of the person you spoke with; OR
 - If the application is completed online or electronically, a business card from the location that includes the address and phone number, along with the date and time you were at the location and the name of the person you spoke with.

Acknowledgement

I have read, or have had read to me, the above rules and regulations for Job Search. I understand that all rules and regulations are subject to change. I fully understand and agree to abide by these rules and regulations and acknowledge that failure to comply with any of these conditions may result in denial of future job search requests.

Client Print Name: _____

Client Signature: _____ Date: _____

ADL Monitoring Representative: _____ Date: _____