

EMPLOYMENT QUESTIONNAIRE (Updated March 5, 2005)

REFERRAL BY: _____

INTAKE DATE: _____

INTAKE BY: _____

I IDENTIFYING INFORMATION

NAME: _____

SOCIAL SECURITY NUMBER: _____

FULL MAILING ADDRESS

STREET: _____

CITY: _____

STATE: _____

ZIP CODE: _____

COUNTY: _____

TELEPHONE NOS: HOME: _____ **WORK:** _____ **CELL:** _____

E-MAIL ADDRESS: _____

PREFERRED METHOD OF BEING CONTACTED: _____

EMERGENCY CONTACT: _____

EMERGENCY TEL: _____

DATE OF BIRTH: _____ **PLACE:** _____ **LANGUAGE:** _____

MARITAL STATUS: () MARRIED () DIVORCED () SINGLE () WIDOWED

IF MARRIED, NAME OF SPOUSE: _____

SEX: _____ **RACE:** _____

NATIONAL ORIGIN: _____ **COLOR:** _____

DISABLED: _____ **IF SO, NATURE OF DISABILITY:** _____

MILITARY HISTORY: () YES () NO () HONORABLE DISCHARGE

COMPANION CASE NAME: () NONE () _____

CRIMINAL HISTORY: () YES () NO

If yes, describe:

PRIOR LAW SUITS: () YES () No

If yes, describe:

Have you ever alleged prior to this incident that you have been the subject of harassment or discrimination: () YES () No

If yes, provide details:

PRIOR TERMINATIONS FROM EMPLOYERS: () Yes () No

If yes, describe:

II EMPLOYMENT INFORMATION REGARDING HARASSING/ DISCRIMINATING COMPANY

NAME OF EMPLOYER: _____

MAILING ADDRESS OF EMPLOYER: _____

COUNTY _____

ADDRESS OF YOUR ASSIGNED WORK LOCATION: _____

PHONE NO. OF EMPLOYER: _____

TYPE OF BUSINESS: _____

ESTIMATE TOTAL # OF EMPLOYEES IN COMPANY:

1-25 26-50 51-100 101-250

251-500 501-1000 Over 1000

NUMBER OF EMPLOYEES IN YOUR DEPARTMENT: _____

Gender: Male: _____ Female: _____
Race: Caucasian _____ % Black _____ %
 Hispanic _____ % Asian _____ %
Age: 18-40 _____ % 40-50 _____ % Over 50 _____ %
Disabled: _____ %

BENEFITS YOU ARE RECEIVING: MEDICAL
 DENTAL
 (Please circle) VISION
 LIFE INSURANCE
 PENSION PLAN
 MONEY PURCHASE PLAN
 401K
 OTHER (_____)
 OTHER (_____)

JOB HISTORY (For this employer only):

DATES	TITLES	SALARY	BONUS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DEPARTMENTS YOU WORKED IN: _____

DESCRIBE YOUR DUTIES FOR EACH POSITION:

WHAT WAS THE DATES OF SUPERVISION AND NAME, RACE, ETHNICITY, AGE, AND GENDER OF YOUR SUPERVISOR:

WERE YOU EMPLOYED: PART TIME: _____
FULL TIME: _____
TEMP: _____
PERMANENT: _____
PROBATIONARY: _____
CIVIL SERVICE: _____

HOW DID YOU FIND THIS JOB: _____

REQUIREMENTS FOR JOB (EDUCATION, SPECIAL TRAINING, ORIENTATION, ETC.): _____

SUPERVISORY DUTIES AND NUMBER OF EMPLOYEES SUPERVISED? _____

WHO INTERVIEWED YOU FOR THE POSITION: _____

WHO OFFERED YOU THE POSITION: _____

DID YOU WORK IN A PARTICULAR DEPARTMENT OR UNIT, IF SO, WHICH ONE:

DID YOU BELONG TO A UNION: _____ YES _____ NO

IF SO, WHICH ONE: _____

III WORK RECORDS

DID YOU FILL OUT AN APPLICATION FOR EMPLOYMENT FOR THIS POSITION: _____

DO YOU HAVE A COPY OF IT: _____

WHEN YOU WERE HIRED, OR AT ANY TIME DURING YOUR EMPLOYMENT, WERE YOU GIVEN AN EMPLOYEE HANDBOOK, OR ANY DOCUMENTS THAT DESCRIBED THE COMPANY'S OR AGENCY'S RULES AND REGULATIONS: _____

IF SO, YOU HAVE THESE DOCUMENTS: _____

DOES THE COMPANY HAVE A POLICY ON REPORTING SEXUAL HARASSMENT/DISCRIMINATION: _____ **IF YES, DO YOU HAVE IT/KNOW IT:** _____

WERE PERIODIC EVALUATIONS GIVEN TO EMPLOYEES: _____

IF SO, WERE YOU GIVEN ANY EVALUATIONS: _____

DO YOU HAVE COPIES OF ANY OF YOUR EVALUATIONS: _____

HOW WERE YOUR EVALUATIONS: _____ **GOOD** _____ **SATISFACTORY**
_____ **UNSATISFACTORY** _____ **POOR**

DO YOU HAVE A COPY OF YOUR PERSONNEL FILE? _____

HOW WERE THE EMPLOYEES TIME AND ATTENDANCE DOCUMENTED:

- _____ **TIME SHEETS**
- _____ **TIME CARDS**
- _____ **OTHER METHOD**

ARE THERE ANY EMPLOYMENT DOCUMENTS THAT YOU HAVE THAT YOU SHOULD NOT HAVE: _____

DID YOU MAINTAIN A DIARY OR LOG OF WHAT OCCURRED: _____

IV ADVERSE EMPLOYMENT ACTION

HAVE YOU BEEN SUBJECT TO AN ADVERSE EMPLOYMENT ACTION (TERMINATED, DEMOTED, SUSPENDED WITHOUT PAY, REASSIGNED, HOURS OF EMPLOYMENT CHANGED, TRANSFERRED, PAY REDUCED, ETC.): _____

WHAT WAS THE ADVERSE EMPLOYMENT ACTION: _____

WHEN: _____ **BY WHOM:** _____
SEX, AGE, RACE OF PERSON: _____

WHAT WAS THE REASON GIVEN FOR EACH ADVERSE EMPLOYMENT ACTION, IF ANY:

HAVE YOU EVER ENGAGED IN ANY ACTION WITH THE HARASSER THAT MAY BE CONSTRUED AS WELCOMING THE HARASSER'S ACTIONS (e.g. went to lunch with individual, sent gifts, socialized with individual, exchange of social e-mails/correspondence/pictures and/or jokes, other, etc.)?

V *LOSSES OR DAMAGES*

ARE YOU CURRENTLY WORKING: _____

IF YES, NAME OF EMPLOYER AND ADDRESS:

IF YES, TITLE OF POSITION: _____

IF YES, CURRENT SALARY: _____

IF YES, LIST OF BENEFITS:

IF YES, DATES OF EMPLOYMENT: _____

WHAT OTHER INCOME HAVE YOU RECEIVED POST-EMPLOYMENT: _____

WHAT EFFORTS HAVE YOU TAKEN TO FIND ALTERNATIVE EMPLOYMENT:

HAVE YOU FILED FOR UNEMPLOYMENT: _____

IF NOT, WHY NOT: _____

HAS YOUR EMPLOYER CONTESTED YOUR APPLICATION UNEMPLOYMENT BENEFITS: _____

IF SO, ON WHAT GROUNDS: _____

HAS THERE BEEN A HEARING HELD FOR YOUR UNEMPLOYMENT BENEFITS:
_____ **IF SO, WHEN:** _____. **WHAT WAS THE OUTCOME OF THIS HEARING:**

ARE YOU TREATING WITH ANY DOCTORS:

IF YES, CONTACT INFORMATION: _____

VI *POST ADVERSE EMPLOYMENT ACTION*

HAVE YOU EVER COMPLAINED EITHER ORALLY OR IN WRITING ABOUT ANYTHING TO YOUR UNION, OR TO ANY SUPERVISOR OR MANAGER: _____

IF SO, DESCRIBE THE NATURE OF YOUR COMPLAINT(S): _____

DO YOU HAVE ANY COPIES OF YOUR COMPLAINT(S): _____

DESCRIBE THE OUTCOME OF YOUR COMPLAINT(S). WHAT ACTIONS, IF ANY WERE TAKEN: _____

HAVE YOU FILED ANY COMPLAINTS WITH ANY GOVERNMENT AGENCY AGAINST YOUR EMPLOYER: _____

WERE YOU OFFERED OR DID YOU RECEIVE ANY SEVERANCE PAY: _____

IF SO, HOW MUCH: _____

WERE YOU OFFERED A DIFFERENT POSITION WITHIN THE COMPANY OR AGENCY: _____

IF SO, DID YOU ACCEPT OR REJECT IT: _____

IF YOU REJECTED THE DIFFERENT POSITION, EXPLAIN WHY: _____

IF SO, DESCRIBE IT, AND DESCRIBE WHERE WAS IT LOCATED: _____

DID YOUR EMPLOYER OFFER TO HAVE YOU SIGN A GENERAL RELEASE: _____

HAS ANYONE BEEN HIRED TO REPLACE YOU: _____

HOW DID YOU FIND OUT: _____

WHAT IS THE GENDER, AGE, NATIONAL ORIGIN, OR RACE OF THE PERSON WHO WAS HIRED TO REPLACE YOU: _____

ARE THE DUTIES OF YOUR REPLACEMENT SIMILAR TO THE ONES YOU PERFORMED: _____

VII *RELIEF YOU ARE SEEKING*

WHAT RELIEF ARE YOU SEEKING? _____

VIII AFFIRMATION

IT IS CRITICALLY IMPORTANT THAT YOU ARE AND CONTINUE TO ACTIVELY SEEK EMPLOYMENT. IT IS MANDATORY THAT YOU KEEP A CHRONOLOGICAL LOG OF YOUR DETAILED EFFORTS TO SEEK EMPLOYMENT. IT IS MANDATORY THAT YOU KEEP COPIES OF ANY DOCUMENTS UTILIZED IN YOUR JOB SEARCH (e.g. NEWSPAPERS, RESUMES, PRINT OUT OF ON LINE SEARCH, APPLICATIONS, etc.).

YOUR LOG SHOULD BE BY DATE AND STATE THE COMPANY, NAME OF PERSON SPOKEN TO, ADDRESS, PHONE NUMBER, RESULTS OF CONTACT, AND ANY OTHER DETAILS OF YOUR INTERACTION.

FAILURE TO DO THIS WILL RESULT IN SIGNIFICANT DAMAGE TO THE VALUE OF YOUR CASE. THIS MAY RESULT IN THE FIRM REQUIRING A HOURLY OR SPLIT FEE RETAINER AS OPPOSED TO A STRAIGHT CONTINGENCY FEE AGREEMENT.

Signature of potential client:

Your signature above indicates you have read, understand, and agree to the above affirmation and that the contents of your response to this questionnaire is complete and accurate.

PLEASE FILL OUT MEDICAL AND EMPLOYMENT AUTHORIZATIONS FOR EACH TREATING PHYSICIAN AND EMPLOYER OVER THE PAST FIVE YEARS.

PLEASE ADD NAMES AND ADDRESSES OF TREATING PHYSICIANS AND EMPLOYERS FOR EACH AUTHORIZATION.

WITNESSES:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>BRIEF DESCRIPTION OF TESTIMONY</u>
1.			
2.			
3.			
4.			