HYDERALLY & ASSOCIATES P.C.

EMPLOYMENT QUESTIONNAIRE

REFERRAL BY: _____
INTAKE DATE: _____
INTAKE BY: _____

I ***IDENTIFYING INFORMATION***

NAME: _____
SOCIAL SECURITY NUMBER: _____
FULL MAILING ADDRESS
STREET: _____
CITY: _____
STATE: _____
ZIP CODE: _____
COUNTY: _____

TELEPHONE NO: 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:** _____

HAVE YOU EVER RECEIVED MEDICARE OR MEDICAID: ( ) YES ( ) NO
If yes, provide dates of coverage:

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

COMPANION CASE NAME: ( ) _____ NONE ( )

CRIMINAL HISTORY: ( ) YES ( ) NO
If yes, describe:

PRIOR LAW SUITS: ( ) YES ( ) No

HAVE YOU EVER BEEN SUED: ( ) YES ( ) No
If yes, describe:

HAVE YOU SUED ANYONE: ( ) 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:

WHAT SOCIAL NETWORKS DO YOU PARTICIPATE IN? _____
Provide account names:

ARE YOUR ACCOUNT(S) SET ON PRIVATE OR AVAILBLE FOR THE PUBLIC TO VIEW? _____

IS ANY SOCIAL POSTING RELEVANT TO THIS CASE? _____
If yes, provide details:

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: _____

NUMBER OF EMPLOYEES IN YOUR DEPARTMENT: _____

BENEFITS YOU ARE RECEIVING:

(Please circle)

MEDICAL
DENTAL
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, DO YOU HAVE THESE DOCUMENTS: _____

OES 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.)?

_____
_____
_____
_____
_____
_____
_____
_____

PLEASE PROVIDE A DESCRIPTION FOR THE PURPOSE OF YOUR VISIT TODAY (Please provide, in chronological order, dates, names, and specifics of any harassment/ discrimination)*THIS IS YOUR CHANCE TO WRITE WHY YOU BELIEVE YOU HAVE A LAWSUIT AGAINST THE COMPANY* – THE FIRM'S DECISION WILL BE BASED IN LARGE PART UPON WHAT IS WRITTEN HERE:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

DO YOU KNOW OF ANY OTHER EMPLOYEE WHO WAS ALSO SUBJECTED TO SAME ADVERSE EMPLOYMENT ACTIONS, AT ANY TIME, FOR THE SAME REASON: _____

HAVE YOU BEEN DISCIPLINED OR REPRIMANDED WHILE AN EMPLOYEE: IF YES, PLEASE PROVIDE DETAILS WITH NAME OF PERSON(S) WHO

DISCIPLINED YOU/REPRIMANDED YOU, THE NATURE OF THE REPRIMAND, AND THE DATES OF THE REPRIMAND:

_____
_____
_____
_____
_____

DURING YOUR EMPLOYMENT DID YOU EVER HAVE ANY DISCUSSIONS WITH, OR TEXT OR EMAIL, ANY OTHER EMPLOYEE(S) REGARDING WORKING CONDITIONS, WORK SCHEDULES, OR OTHER WORK-RELATED MATTERS? IF SO, PLEASE DESCRIBE THE DETAILS OF SAME AND WHETHER OR NOT YOU FEEL THAT ANY ADVERSE ACTION WAS TAKEN AGAINST YOU AS A RESULT OF SUCH DISCUSSIONS AND/OR IF YOU WERE EVER ACCUSED OF "GOSSIPING" DUE TO SUCH DISCUSSIONS WITH CO-WORKERS?

_____
_____
_____
_____
_____

OTHER ILLEGAL/IMMORAL/UNETHICAL ACTIONS OR FINANCIAL MISCONDUCT OR HEALTHCARE FRAUD OF YOUR EMPLOYER? If yes, please detail: _____
_____
_____
_____
_____
_____

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: _____
_____

HAVE YOU FILED FOR BANKRUPTCY? YES_____ NO _____
IF YES, WHEN _____ CURRENT STATUS OF CASE_____

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.

Signature of potential client:

_____

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

WITNESSES:

NAME	**ADDRESS**	**PHONE**	**BRIEF DESCRIPTION OF TESTIMONY**
1.			
2.			
3.			
4.			

***Please note, we do accept most major Credit/Debit cards for your convenience. A non-refundable service charge of 4% will be added to your card payment. You will be given an opportunity to approve your payment prior to processing. We also accept checks and cash payments without an additional charge.**

**** In accordance with R.1.15 settlement proceeds will be deposited into a trust account and held for 10 business days before they can be disburse.**