CONFIDENTIAL
EMPLOYMENT QUESTIONNAIRE

Please take your time to answer the following questions **as accurately and completely as possible.** If a question is inapplicable, simply write N/A. At the end of the questionnaire there is additional room to supplement your answers or to add any additional information you think is relevant to your potential claim.

1. Name _____ Date _____

2. Street Address _____

City, State, Zip _____

Telephone (home) _____ (work) _____

4. Social Security Number _____ Date of Birth _____

5. a) I believe that I have a claim against

_____
(employer and/or individuals)

_____
(address)

because of the following actions: (Very important: please give approximate date for each action)

_____

_____

_____

_____

_____

_____

b) The person(s) who took this action on behalf of the employer was/were _____.

(name and title)

_____

_____

_____

c) Approximately how many people work for the employer?

_____

d) To your knowledge, is your employer or the parent corporation experiencing financial problems? _____

If so, please explain. _____

_____

_____

e) I was told by my employer that the reason for this action was

_____

_____

_____

_____

f) I believe that the real reason my employer took this action was

_____

_____

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_____

g) The following people would have knowledge of my situation. (Please give name, address, phone, relationship, and indicate whether each person will be helpful or adverse to you. Also, indicate how each person is aware of your situation.)

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6. a) Did you complain of the actions listed in your response to 5a? _____ . If yes, to whom? _____

_____

(name, title & date)

_____

b) Did you make any complaint in writing? _____

What was his or her response? _____

_____

_____

7. a) When were you hired?

_____

_____

b) By whom were you hired?

_____

_____

c) Was there a written job application? ____ If yes, does it contain any exaggerations or inaccuracies by you as to your education, qualifications, work history, etc.?

_____ If so, please specify.

_____

_____

_____

d) What was your position at the time you were hired?

_____

_____

e) When did the adverse action happen? (Exact date, if possible).

_____

_____

_____

f) When did you first become aware or suspect that your employer was dissatisfied with you (give date and circumstances)?

_____

_____

g) What was the very first date you were given any kind of notice of this adverse action? _____

h) What kind of notice did you get? (Verbal, written, etc.) _____

_____

i) Prior to the adverse action, did you receive other warnings (verbally or in writing) or were you placed on probation? (attach copies of all relevant documents) _____

_____

_____

j) Do you know if someone else now holds your former position or the position you were seeking? _____. If so, please state his or her name, gender, race, approximate age and/or disability (if applicable).

_____

_____

_____

k) What do you know about this person's qualifications?

_____

_____

_____

_____

l) If no one holds your former position, who does the job functions you performed? If more than one person, list all by name, gender, race, age and/or disability (if applicable). _____

_____

_____

m) What do you know about the person(s) who perform your job functions? _____

_____

_____

8. <u>If</u> you were discharged:

a) Were any other employees terminated at or about the same time? _____. If so, how many, if any, were in your department? _____.

b) Did you sign a resignation letter or release? _____ (if yes, please attach)

c) Did you receive severance pay?_____ If so, for how many weeks? _____ Is there a severance plan? _____.

d) Did you seek unemployment compensation? _____. If so, did your employer contest your rights to the benefits? _____ What was the outcome? _____.

e) Have you sought re-employment with the same employer or another employer? _____.(Please be sure to document your job search efforts). Have you obtained another job? _____. If so, when, with whom, and is the job comparable to your former position (i.e., salary, responsibility, benefits)?

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_____

f) Since your termination, have you talked to anyone who still works at the company about your wrongful treatment?

_____ If so, give details (who, what was said, etc.)

_____

_____

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_____

g) Since your termination, have you told anyone at the company that you are thinking of taking legal action against the company? _____ If so, who, when, and what was said?

_____

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_____

h) Were you ever discharged or forced to resign from prior employment? _____ If so, please explain

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_____

9. a) What is the most recent position you held with the company?

_____

b) What is/was your last salary (include any bonus or other incentive pay as a separate figure)?

_____

_____

c) Please describe your most recent job responsibilities.

_____

_____

_____

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_____

d) How many other employees perform the same or similar functions?

e) Did your employer take similar action against any of the employees listed in No. 9d above? _____
If yes, please identify the employee(s) by name, race, gender, age, and/or disability (if applicable)?

f) Please explain why the circumstances in their situations were similar. _____

g) Was there an appeal or review of the above adverse action? _____ If so, give the dates, persons involved and explain.

h) Were there any particularly outrageous circumstances surrounding your adverse employment action? _____.
If so, please describe.

_____

_____

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_____

i) If you made any complaint in writing to management, attach a copy of the documents relating to your complaint.

10. Over the last five years ...

a) Who has directly supervised you and when has he or she supervised you? (Provide approximate dates)

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_____

_____

_____

_____

b) Have you had any problems with this/these persons? _____. If yes, please explain.

_____

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_____

c) Who was your last immediate supervisor?

_____

d) Have you had any problems with this person? _____ If yes, please explain _____

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_____

11. Check the statements which apply to you:

_____ I have a written job contract or agreement. (If yes, please attach).

_____ I have a letter or document discussing the terms of my employment. (If yes, please attach and indicate the date you received it).

_____ The company has an employee handbook or manual. (If yes, please attach and answer questions (i) - (iii):

(i) Does the employee handbook or manual have any provision(s) relating to your claim? _____ If so, please identify all of them.

_____

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(ii) Does the manual set forth grounds for discharge? _____ If so, please identify the appropriate sections of the manual were the grounds are set forth.

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(iii) Does the manual have a progressive disciplinary procedure? (i.e., verbal warnings or written warnings prior to discharge).

_____

_____

_____ I have not seen an employee handbook or manual, but I have been told that the company has progressive discipline (i.e., verbal warnings, written warnings, probation, etc.) _____.

_____ I have received written performance evaluations. (If so, please attach). If so, was there a time period when those evaluations suddenly changed?

_____

_____ There must be good or just cause before an employee could be terminated. If so, please state all reasons you believe this is true.

_____

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12. Were any promises or representations relating to job security made to you at the time of hiring or during the course of our employment? If so, state what promises or representations were made, when they were made, and who made them.

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13. At hiring or during the course of your employment, were you given assurances of job security? _____ If so, state what assurances were given, when they were given and who gave them _____

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14. In response to questions #12, 13, were those promises, representations, or assurances ever put into writing? _____ If so, attach copies of the documents.

15. What actions, if any, did you take in reliance upon these promises, representations, and/or assurances (i.e., move, resign your former position, stay with the company instead of looking for or taking another job, etc.)? _____

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16. Did you reject other job offers to take this position? _____. If so, explain._____

_____

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_____

17. Why did you accept the job with this employer? _____

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_____

18. What financial harm have you suffered as a result of relying on the promises, representations and/or assurances? _____

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19. Employment history with this employer:

a) What, if any, transfers or reassignments did you receive during the course of your employment? (please give approximate dates and identify the positions by title). _____

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_____

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b) What promotions or demotions did you receive during the course of your employment? (please give approximate dates and identify the positions by title). _____

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c) Please indicate the amount of any pay increases or decreases that you have received during the last five years? (please indicate which increases are merit increases). _____

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d) Did you receive any awards or commendations? _____ (If so, please explain.)

_____

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e) Have you ever taken legal action or made charges against this employer (filed a discrimination charge or complaint)? _____ If so, give the dates and explain.

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20. Do you believe you were discriminated against because of your sex, age, race, national origin, marital status, pregnancy, sexual harassment, sexual orientation, religion, and/or disability? _____. If so, please indicate which applies and answer questions a through f.

a) What evidence do you have to support your belief?

_____.

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_____

b) Have you filed a Charge with the Equal Employment Opportunity Commission (EEOC) or the Colorado Civil Rights Division (CCRD) or New York State Division of Human Rights (NYSDHR)? _____ (If so, please attach and answer questions i through iii):

i. When did you file your charge? _____.

ii. What is the present status of your charge?

_____

_____

_____

iii. Did you receive a Right to Sue letter? _____. If so, when? _____. (If you have copies of the Charge and/or Right to Sue letter, please attach).

c) Have you made an appointment with the EEOC and/or the CHRO to file a discrimination charge? If so, please identify the date, time and location of the meeting.

_____

_____

_____

d) Did you file a complaint with any other agency about your employment? _____ Please explain

_____

_____

e) Have you filed a lawsuit? _____. If so, please enclose a copy of the complaint.

f) Had you been subjected to discriminatory treatment before the present occurrence? _____. Explain.

_____

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_____

If so, did you ever protest this treatment? (When, to whom, what was the result).

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21. If you believe you were discriminated against because of a disability, please answer the following questions:

a) What is the nature of your disability or disabilities?

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_____

_____

b) How long have you had the disability?

_____

_____

_____

c) Was your employer aware that you had a disability?

_____

_____

_____

d) Do you have a record of having a disability? (i.e., medical records, employment records, etc.)

_____

_____

e) Was your employer aware of your record(s) of having a disability?

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f) Did your employer consider you to be a person with a disability even though you did not have a disability? If so, please explain.

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g) Did you ever ask your employer to provide you with an accommodation for your disability? If so, please describe your request(s), including the approximate cost of any accommodations requested.

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h) Did you ever discuss with your employer any accommodations for your disability? If so, please describe those discussions in detail.

i) What, if any, attempt did your employer make to provide you with a job accommodation for your disability?

j) If you were required to complete a job application, did the application contain any questions relating in any way to an applicant's disability? (for example, please identify any disabilities you have which might affect your ability to perform the job.)

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k) Did you ever file a workers' compensation claim? If so, please describe the basis for the claim and what was the result of your claim?

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22. Do you believe your employer retaliated against you or "got even" with you for any of the following reasons:

a) for refusing to perform an illegal, improper, or unethical act? _____. If so, what were you asked to do and by whom?

_____

_____

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_____

b) for reporting unethical or illegal conduct at work to management or an outside agency/authority? _____
If so, please explain.

_____

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_____

c) for exercising rights you believe to be protected by law or for exercising free speech rights? _____. If so, explain.

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_____

23. Does your employer have any written work rules or policies? _____. (If so, please attach)

24. Do you believe your employer violated its own procedures or policies in the action it took? _____. If so, please explain. _____

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_____

_____

If the employer's procedures had been followed, how would the results have been different? _____

_____

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_____

25. Do you believe your employer said or wrote anything about you to others that is untrue and has hurt your reputation and/or ability to find another job? _____. If so, explain (i.e., what was said, to whom, how do you know, what was the effect). _____

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_____

Do you know why your employer made those statements? _____. If so explain._____

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26. How was your physical and/or emotional health affected by the adverse action of your employer? If so, in what way?

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27. If you suffered physical or emotional harm as a result of your employer's adverse action, please identify whether or not you suffered any of the following symptoms. For each symptom you identify as having suffered, give some indication, if possible, of the extent to which you suffered (for example, lost 10 pounds, severe headaches, occasional chest pain, etc.).

_____ Increased Irritability _____

_____ Diminished Interest _____

_____ Weight Loss _____

_____ Weight Gain _____

_____ Insomnia _____

_____ Feelings of Agitation _____

_____ Fatigue and Loss of Engergy _____

_____ Difficulty Concentrating _____

_____ Headaches _____

_____ Body Pain _____

_____ Shortness of Breath _____

_____ Dizziness _____

_____ Palpitations of the Heart _____

_____ Trembling or Shakiness _____

_____ Sweating _____

_____ Choking _____

_____ Nausea, Abdominal Distress _____

_____ Chest Pain _____

_____ Feeling Out of Control _____

28. Did you seek medical attention (including psychologists and/or psychiatrists)? _____. If so, please explain

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29. Was your employment covered by a collective bargaining agreement? _____ (If so, please answer questions a and b.)

a) Did you file a grievance or ask your union to file a grievance on your behalf? _____

b) Did your union refuse to pursue your grievance or refuse to take the grievance to arbitration?

_____

If so, explain why. _____

_____

_____

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_____

_____

30. What amount of compensation do you think you have lost up until now as a result of the company's action?

_____

_____

31. Have you lost any company benefits as a result of the company's action? _____ If so, please explain.

32. What non-financial losses and/or injuries have you and your family suffered due to the company's actions?

33. Do you have medical insurance coverage? _____

34. Do you have medical bills that have not been covered? If so, please describe.

_____

_____

35. Are you currently employed? _____ If so, please state the employer's name, the date you were hired, and your current salary. _____

_____

_____

_____

36. Have you ever been involved in litigation before? _____ If so, give dates and the subjects of the lawsuits or charges.

_____

_____

_____

37. Other than what you have already described, have you ever had a serious dispute with any employer? _____ If so, give the name of the company, dates, details, and outcome.

_____

_____

_____

_____

38. Why did you select this law firm? (If you were referred by an attorney, please give the attorney's name and address.)

_____

_____

_____

39. Have you contacted other attorneys or agencies regarding your present claim? _____ If so, whom and when?

_____

_____

Did the lawyer or agency contact your employer?

_____

_____

41. If there is any information which you were unable to fit on the lines provided, please continue your response on the following lines after identifying the number of the question. (If this space is not sufficient, please attach any necessary pages).

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42. Is there any additional information that you have not already provided which you think we should be aware of when making our determination about possibly representing you. If so, please explain

Name

Date