

# EMPLOYMENT QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS. INCOMPLETE FORMS WILL NOT BE CONSIDERED.

Do you read/speak English? Yes \_\_\_ No \_\_\_  
If No, What Language: \_\_\_\_\_

Do you already have an attorney representing you in this matter? Yes \_\_\_ No \_\_\_  
If Yes, Name : \_\_\_\_\_

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## I. APPLICANT INFORMATION:

Full Legal Name: \_\_\_\_\_  
**First Middle Last Suffix**

Maiden Name (if Female): \_\_\_\_\_ Race: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

YOUR Social Security #: \_\_\_\_\_ Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_

United States Citizen? [ ] Yes [ ] No **If No, Resident Alien?** [ ] Yes [ ] No

**If Yes, Resident Alien #:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

Present Home Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Tel #: \_\_\_\_\_ Business Tel #: \_\_\_\_\_  
(include Area Code) (include Area Code)

### **Current Employer (If different from employer you have the problem with)**

Place of Employment: \_\_\_\_\_

Employers' Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Salary (Before Taxes): \$ \_\_\_\_\_ Take Home Pay: \$ \_\_\_\_\_ How often are you Paid?: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Other Sources of Income including (AFDC/TANF)? Yes \_\_\_ (Amount \$ \_\_\_\_\_ per: \_\_\_\_\_) No \_\_\_



III. RESPONDENT INFORMATION:

Company (Name of Employer you have problem with)

Company Name: \_\_\_\_\_

DBA/Branch: \_\_\_\_\_ EIN #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Company Main Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Tel #: \_\_\_\_\_ Ext: \_\_\_\_\_  
(include Area Code)

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1. Are you still employed there? [ ] Yes [ ] No

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Rate of pay: \_\_\_\_\_ Per: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Hours Worked Daily: \_\_\_\_\_ to \_\_\_\_\_

Number of Hours Worked per Week: \_\_\_\_\_

Regular: \_\_\_\_\_

Overtime: \_\_\_\_\_

3. Rate of Pay at Time of Problem: \_\_\_\_\_ Per: \_\_\_\_\_

Rate of Pay for Overtime: \_\_\_\_\_ Per: \_\_\_\_\_

4. Describe the Problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Describe Work Conditions Related to the Problem: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Did you Report the Problem?  Yes  No  
Problem was Reported to: \_\_\_\_\_  
When: \_\_\_\_\_  
Result: \_\_\_\_\_  
\_\_\_\_\_

7. Do You have any Evidence or Documentation of the Problem?  Yes  No  
Describe Documentation or Evidence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Any Changes in work related to the Problem?  Yes  No  
Describe Changes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Any Retaliation?  Yes  No  
Describe Retaliation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. List Witnesses to Problem and/or Retaliation (include their name, address and telephone number if known):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Do other employees have similar complaints?      Yes    No

If Yes, list name and complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Was this reported to any Local, State or Federal Agency?    Yes    No

If Yes, List Agency	Name of Contact	Date of Contact
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. What action would you like taken? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**STATEMENT OF FACTS:**  
The information as provided on the above questionnaire is true to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date