

RYAN & GRINDE, LTD.
ATTORNEYS AT LAW

EMPLOYMENT QUESTIONNAIRE

Contact Information	
Name:	Date:
Home Phone:	Work Phone:
Cell Phone:	Fax:
Email:	
Are your phone/fax/email safe to send confidential information?	
Address:	
City:	State: Zip: County:
Date of Birth:	Social Security Number:
Emergency Contact:	
Employment Status	
Are you working?	
Are you on disability?	
Are you on a medical leave or other leave?	
Did you quit or resign?	
Were you Terminated?	
Dated notified of termination:	Effective date of termination:
Reason given for your termination:	Reason you believe you were terminated:
Did you sign a waiver of rights/termination or separation agreement?	
Person(s) who made termination decision?	
If laid off, Were others laid off at same time?	How many?
If you resigned:	
Date you noticed your resignation:	Effective date of resignation:
Was your resignation voluntary?	
Comments:	
Severance	
Were you offered a severance package?	
If yes, mail or fax a copy of the severance agreement along with this completed questionnaire.	
How much time were you given to consider the severance package?	
Did you accept severance package?	
If applicable:	
Are you job searching?	Do you have a resume?
Do you have application letters?	Do you have records of interviews?
Have you found another job?	Is salary higher or lower?
Start date of new job:	

Attach pages if you need more room to answer.

Employer Information	
Name of Employer:	Date of Hire:
Type of Business:	Number of employees:
Is company a federal contractor?	
Address:	
City:	State: Zip: County:
Phone:	Corporate Fax:
Corporate Website:	
Location where you worked if not as above:	
Address:	
City:	State: Zip: County:
Phone:	Fax:
Website:	
Name and Title of Direct Supervisor:	Name of HR Supervisor:

Employment History	
Last position title:	
Receive any promotions?	Receive any demotions?
Receive written or oral warnings?	Subject of warning:
Were you on probation?	
Your performance reviews are:	
Object to poor evaluation?	
Please mail or fax a copy of your most recent review.	
Employment Contract?	If yes, mail or fax a copy of the contract.
Can you provide us an employee handbook?	See any non-discrimination posters?
Did the company have an anti-discrimination policy?	
Comments:	
Do you have an employment agreement?	
Is there a time limit for any actions?	

Self-Identification	
Race:	
National origin:	
Gender:	Sexual Preference:
Age:	Religion:
Veteran:	Disabled:
Marital Status:	Pregnant:
Have you ever been convicted of a crime?	If yes, please explain.
Comments:	

Basis for Discrimination or Retaliation

Check each characteristic below that you believe is the basis for discrimination/retaliation against you.

Your race	The race of a family member of close friend
Your national origin	Your color
Your age	Your gender
Veteran status	Your religion
Your pregnancy	Your need to care for someone who is ill
You are disabled	You are perceived as disabled
Your sexual orientation	Your perceived sexual orientation
Derogatory comments about your protected characteristics by supervisor, co-worker(s)	
Physical threats	
Constant sexually charged comments	Sexually harassed
Sexual favors in exchange for work-related benefits by supervisor, co-worker(s)	
You complained about discrimination against you	
You complained of discrimination against others	
You complained about unsafe practices	

Characteristics of the Discriminator-if more than one, please note below

Discriminator's Name:	Discriminator's position title:
The Discriminator was your:	Other, specify:
Race:	
National origin:	
Gender:	Sexual Orientation:
Age:	Religion:
Veteran:	Disabled:
Marital Status:	Pregnant:
Comments:	

Damages

Salary (in \$) or Hourly Rate Lost to Date:	Bonuses lost to date:
Receive Commission?	
Did you lose medical, dental, vision, pension, 401k, pension, stock options (list all that apply)	Identify other benefits lost:
How Else Were you harmed by how you were treated?	
Identify harmful results below:	
Bankruptcy	loss of home/car
doctor	psychologist
change of lifestyle	other, specify:
Date you first noticed these effects:	
Have you sought treatment with a health practitioner?	
Are you taking any medication for symptoms?	
If so, what?	
With who have you sought treatment?	Date you began treatment:
Is this a pre-existing condition?	If so, date of first occasion:
Comments:	

Other Legal Action Taken to Date	
Filed complaint with EEOC?	When?
Filed complaint with State agency (MOHR)?	When?
Filed complaint with any other agency?	Who and When:
Received Notice of Right to Sue?	Date of Right to Sue:
Are there any upcoming deadlines?	What are the deadlines:
Filed with any court?	
Which court?	Date filed:
Last action taken by court:	
Ever sued an employer before?	
Ever been named as a Defendant in a Lawsuit?	

Reporting of Incident(s)	
Did you report any unfair, illegal, discriminatory/harassing conduct to anyone at work?	
What did you report?	How many complaints did you make? Were any of your complaints or reports in writing?
Do you believe you were retaliated against for reporting any unfair, illegal or discriminating/harassing conduct at work?	
If so, why?	
If you complained about any of the above, did the company investigate? What was done to investigate?	
What were the results of the complaint, if any (i.e. investigation, transfer of harasser, termination of harasser)?	
Were you terminated after you reported any of the above?	
Are you a union member and what Union?	
Did you file a grievance? If so, what was the result?	

Discriminatory Comments
<p>If the person who discriminated against you made negative comments or jokes about your race, age, gender, disability, etc., what was the frequency of the comments? Describe as accurately as possible, exactly what was said to/about you:</p>

Your Summary: (Please provide us a summary of what happened to you & any information which will assist us in evaluating your case) attach additional pages if needed.

Witnesses and Evidence

Do you have documents that show discriminatory treatment against you?

Describe the documents:

Please list the names and contact details for persons who may be or are willing to be witnesses for you:

Name:

Address:

City: State: Zip:

Home Phone: Work Phone:

Email:

Would this person be willing to speak with an attorney regarding your case?

Did witness work for the company? Is witness still working there?

Name:

Address:

City: State: Zip:

Home Phone: Work Phone:

Email:

Would this person be willing to speak with an attorney regarding your case?

Did witness work for the company? Is witness still working there?

Name:

Address:

City: State: Zip:

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City: State: Zip:

Home Phone: Work Phone:

Email:

Would this person be willing to speak with an attorney regarding your case?

Did witness work for the company? Is witness still working there?

Wage and Hour Issues, Overtime, Rest and Meal Periods

How many days per week do you work?	How does your employer keep track of the hours you work?
How many hours a day do you work?	What is your schedule?
Are you allowed to take breaks?	If so, how often and for how long?
If you work more than 40 hours a week, do you get paid overtime?	If not, why not?
Does your employer have a policy about working overtime?	If so, please explain:
If you don't get paid for all the hours worked or overtime, do you keep track of all unpaid hours? If you have worked more hours than what you were paid for, did you notify your manager or supervisor?	If so, how do you keep track? If so, name the person you notified:
Does your employer follow its policy on overtime?	If not, please explain how that employer's practices differ from its policy:
Do you take work home?	If so, how do you get paid for it?
Does your employer take any action if you work overtime without permission?	If so, please explain:
Does your supervisor or manager receive a bonus or other incentive based on the productivity of the workers he or she supervises?	If so, please describe how it works:
Does your employer take taxes out of your pay check?	Do you receive a paystub from your employer along with your paycheck that lists your rate of pay, deductions, any overtime?
Do you receive a 1099 form or a W-2 form?	
<p>ADDITIONAL INFORMATION: Are there any other details that we ought to know about you, your employer, history of discrimination cases against employer, employer sensitivity to bad publicity, etc.? Please provide any other details not already provided.</p>	