

**Laturno & Graves
North County Office
613 W. Valley Parkway, Suite 310
Escondido, California 92025
Phone (760) 741-7544
Fax (760) 741-7624**

Print out the following pages on your computer printer and then fill out. Fax them to our office and we will call you for an initial consultation.

(Please print. Use continuation sheets if necessary.)

EMPLOYMENT QUESTIONNAIRE

1. Name _____ Date _____
2. Address _____
3. City _____ State _____ Zip Code _____
4. Home telephone () _____
5. Date of Birth _____ CA Driv. Lic. No. _____
6. Social Security Number _____
7. Occupation or business _____
8. Name of PRESENT employer _____
9. Business Address _____
10. City _____ State _____ Zip Code _____
11. Business Telephone () _____ Extension _____
12. Normal work hours _____ To _____
13. Type of business _____
14. Date started _____ Present position _____
15. Name of Spouse _____
16. Spouse employed by _____
17. Spouse's business Telephone () _____ Ext. _____

18. Is there anyone who does NOT live with you but who would always know your whereabouts (such as a friend or relative)?

_____ NO _____ YES

19. If the answer to the above question is Yes, please give the following information about the person who will always know your whereabouts:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Business Phone () _____

20. Who referred you to this office? _____

21. Date _____ Your Signature _____

I WISH TO COMPLAIN AGAINST

22. Name of employer _____

23. Address where you worked _____

24. City _____ State _____ Zip Code _____

25. Address of corporate headquarters _____

26. City _____ State _____ Zip Code _____

27. What kind of business is this employer in? _____

28. How many employees work in the company? _____

29. How long did you work there? _____

30. What date did you begin there and what was your first position? _____

31. What date did you stop working at this company? _____

32. What was the last position you held with the company? _____

33. How many promotions did you receive at this employer? _____

34. For each position which you held at this employer, please state the name of the position and the inclusive dates of holding same:

35. What was your First salary or wage or annual earnings at this employer? (If you were paid on a commission basis, state your annual earnings) \$ _____ per _____

36. How many raises did you earn at this company? _____

37. What was your Last salary or wage or annual earnings at this employer? (If you were paid on a commission basis, state your annual earnings) \$ _____ per _____

38. Did you ever receive a monetary bonus at this company? ___ If so, when, how much and for what? _____

39. Name and title of your last supervisor? _____

40. When did this person become your supervisor? _____

41. What were the names and titles of your previous supervisors? _____

42. Does this employer have written personnel policies or procedures? _____

43. Does this employer have a written list of rules and regulations? _____

44. Did you ever receive an employee handbook? _____ If not, does this employer have such a handbook? _____ Have you obtained a copy? _____ Is the copy enclosed? _____

45. Does this company give performance evaluations? _____ If so, are the evaluations oral? _____ Written? _____

Both? _____

46. How have your performance evaluations been (i.e., good, average)? _____

47. Did you ever receive anything in writing which said that you were doing or had done a good job? _____ If so, what did you receive, when, who sent it and what did they say? _____

48. Did anyone ever tell you that you had done or were doing a good job? _____ If so, who told you, what was said and when? _____

49. On behalf of the company, did you ever train or help to train others? _____ If so, who, when and for what position(s)? _____

50. Did you ever attend trade or professional or industry meetings on behalf of the company? _____ If so, when, what groups, and where? _____

51. Were you ever written up favorably in either a company newsletter or public newspaper? _____ If so, when, what publication and for what? _____

52. In your last position with the company, how many people did you supervise? _____ Of that number, how many are still with the company? _____

53. Did you have a written contract of employment with this company? _____ If so, is a copy attached? _____

54. When you were first hired, were you given any paper or letter confirming your hiring? _____ If so, is a copy attached? _____

55. On this job were you ever suspended? _____ Put on probation? _____

56. When did you first learn that things were not going well on the job? _____

57. Type of action being taken:

Termination _____ Denial of Equal Pay _____

Failure to Promote ____ Sexual Harassment _____

Demotion _____ Other _____

Failure to Hire _____

58. How did you first learn that things were not going well? _____

59. Before this adverse action was taken, were you told specifically that your job was in danger? _____ If so, when, by whom, exactly what was said, and was anyone else present?

60. Before this adverse action was taken, did you ever make any complaint to higher management or make any attempt to straighten out the problems? _____ If so, to whom did you speak, when, what was said and what was the outcome? _____

61. Does the company have a grievance or complaint procedure? _____

62. Before this adverse action was taken, did you file a complaint or grievance? _____ If so, when, to whom and what happened? _____

63. Were you fired? (Note -- the word "fired here includes firing, layoff, reduction in force, termination or any similar word) _____

64. What is the name and job title of each person who notified you that you were being fired? _____

65. On what date were you notified that you were to be fired? _____ When was your termination to be effective? _____ When did the termination actually become effective? _____

66. State the names and job titles of each person present at the time you were told you were being fired: _____

67. Where were you when you were told you were being fired? _____

68. Were there any other persons who saw or overheard you being fired? _____ If so, who?

69. Were you forced to retire? _____ If so, when did you notify the company you were resigning? _____

When was the resignation to become effective? _____

When did your resignation actually become effective? _____

70. Did you give written notice of your resignation? _____ If so, is a copy enclosed? _____

71. Who (name and title) forced you to resign? _____

72. What circumstances forced you to resign? _____

73. At the time of your termination, how was the company doing financially? _____

74. At or around the time of your termination, were any other employees terminated? _____ If so, how many others were let go? _____ Were any of the people in your unit? _____ How many and when? _____

75. In the last 3 years you were with the company, approximately how many layoffs were there? _____

76. What reason was given by the employer for the action taken against you? _____

77. Name and title of person(s) who gave you this reason: _____

78. What do YOU think was the REAL reason for the action taken against you? _____

79. Exactly what facts lead you to believe what the real reason was? _____

80. Do you feel that the treatment of you by the employer was due to: (Answer as many of 81 through 85 as apply):

81. Discrimination based on your: Race? _____ Age? _____ Sex? _____ Religion? _____ Physical handicap? _____ Medical Condition? _____ Other discrimination (specify)? _____

82. Exactly what facts, in detail, lead you to believe that there was discrimination against you (give names, facts and events)? _____

83. Your refusal to perform an illegal or unethical or unfair act? _____ If so, what were you ordered to do, when and by who? _____

To whom did you protest or refuse, and when? _____

84. Your reporting of misconduct or illegal conduct to either management or the public authorities? _____ If so, what did you report, to whom and when? _____

85. Other reason? _____ If so, what is the reason? _____

If you answered YES to any of the questions in Item 81 (discrimination), answer this section. Otherwise, go on to No. 89

86. Did you file a complaint with:

EEOC? _____ When? _____ Case No. _____

DFEH? _____ When? _____ Case No. _____

87. Do you have a copy of your complaint? _____ Copy enclosed? _____

88. Have you received a RIGHT TO SUE letter? _____ When is the letter dated? _____
_____ Copy enclosed? _____

89. After this adverse action was taken, did you ever make any complaint to higher management or make any attempt to straighten out the problems? _____ If so, to whom did you speak, when, what did you say and what was the outcome? _____

90. After this adverse action was taken, did you file a complaint or grievance? _____ If so, when, to whom and what happened? _____

91. On this job were you a member of a union? _____ If so, what is the name of the union and the local? _____

92. Have you ever filed a union grievance? _____ When? _____

93. What happened? _____

94. Since your termination or adverse action, has there been any written communication between you and anyone who still works at the company? _____ If so, give complete details (who, when, what) and attach copies of letters: _____

95. Since your termination or adverse action, have you told anyone that you were thinking of taking legal action against the company? _____ If so, who, when, and what did you say?

96. Since your termination or adverse action, has any lawyer called or written or contacted in any way the company on your behalf? _____ If so, when and what was said or written? (enclose copies) _____

97. Do you still have any friends who work at the company? ___ If so, give their names, titles, and home addresses and telephone numbers: _____

98. Did anyone replace you in your last position with the company? _____

99. Did you apply for unemployment benefits? _____ When? _____

100. Did you get your benefits? _____

101. Did your employer oppose your application for benefits? ___

102. Did anyone appeal the initial decision of the unemployment office? _____ If so, who?

103. Was a hearing held before a judge? _____ When? _____

104. Has there been a decision? _____ In whose favor? _____

105. Do you have a copy of the decision? _____ Is it enclosed? _____

106. On what date was the decision mailed to you? _____

107. Give the names, titles and cities of residence of each person or persons responsible for this situation:

108. What disagreements or disputes have you had with these people? _____

109. Why do you think these people are responsible parties? _____

110. How do you know these people are responsible parties? _____

111. Have these people ever made detrimental remarks about you or to you? If so, who said what and when? _____

112. State the name, address and telephone number of each person who witnessed anything having to do with your termination or adverse action, other than those above?

113. Have you ever filed any case or charges or made any claim against this employer (other than anything stated above in this questionnaire)? _____ If so, give complete details (dates, what the controversy was, type of claim, outcome, etc.) _____

114. Have you ever filed any case or charges or made any claim against any employer other than the employer against whom you are complaining here? _____ If so, give complete details, (dates, what the controversy was, type of claim, outcome, etc.) _____

115. Other than anything described above, have you ever had a serious dispute with any employer? _____ If so, give the name of the company, complete details, dates, outcome, etc.:

116. Have you ever been involved in any legal dispute, insurance claim, accident claim, lawsuit or anything similar not described above? _____ If so, give type of dispute, dates and the outcome: _____

117. How long have you been (or were you) out of work? _____

118. What has been your wage loss to date? _____

119. Have you become re-employed since you left this job? _____ If so, at what Company? _____ When? _____ What position? _____

120. Describe each and every financial or monetary loss (besides loss of salary) which was caused by your termination giving type of loss, amounts, etc.: _____

121. What other types of harm or loss has your termination or adverse action caused you or your family? _____

122. What else has resulted from your termination or adverse action that you have not described above? _____

123. Have you sought any treatment or counseling as a result of your termination or adverse action? _____ If so, when, and name, address and telephone number of persons seen or consulted? _____

124. Have you ever sought psychological or psychiatric treatment in the past? _____ If so, give the reasons for seeking such assistance, the dates and the outcome? _____

125. Have you ever been committed into any mental health hospital or institution? _____ If so, when? _____ Please give the name and address of your doctor. _____

126. Present marital status: _____

127. Are you responsible for the care of any children or other family members? _____ If so, who and what ages? _____

128. With whom do you live (name and relationship)? _____

129. Have you ever discussed this complaint against your employer with your spouse or other family members or friends? _____ If so, who? _____ What was this person's opinion? _____ Did that person recommend anything to you to do? _____ If so, what? _____

130. If we accept a case for you, what do you hope to accomplish? _____

131. Identify individuals (co-workers, associates, friends, etc.) who can corroborate information furnished by you concerning your claims: (Use additional pages if necessary.)

Still with Phone Numbers

Name Address Employer Day Night

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

132. Add any other information you think is pertinent. (Use additional pages if necessary. WRITE ONLY ON ONE SIDE). _____

PLEASE DATE AND SIGN:

I am submitting the above and enclosed for your review. I understand that (1) The submission of the information in the questionnaire and any other information is being submitted for your reviewing purposes only; (2) you have made no decision on whether you will take any case for me, and may not do so for some time; (3) it takes time for Laturno & Graves to review the material submitted and to make any reply to this inquiry; (4) further information from me may be necessary in order for Laturno & Graves to make a decision; (5) the submission of this questionnaire and any other information does not create an attorney-client relationship; such a relationship is only created by a proper written agreement to that effect; (6) there are time limits involved in legal proceedings, and if those time limits pass, certain of my rights may be lost and/or affected otherwise. I assume the risk that such time limits might pass before Laturno & Graves makes any decision on this matter and/or can take any legal action; (7) although what time limits apply to employment cases are not always certain, our office needs to have the completed materials in hand at least ninety (90) days before the one year anniversary of the day you were notified of your termination.

I certify that the information contained in this questionnaire and any attachments hereto is true to the best of my knowledge and belief.

DATED: _____ SIGNATURE: _____

Please fill out this form for each job, held since leaving high school up to the present. Use additional sheets if needed. Begin with your present (or most recent job) and work backward.

Dates: From _____ to _____ Last Salary \$ _____

Company Name and City: _____

Last Job Held: _____ Last Supervisor: _____

Reason for Leaving: ____ Voluntary (State Reason: _____)

____ Involuntary (State Reason Given by Company: _____)

____ Other (Explain: _____)

Dates: From _____ to _____ Last Salary \$ _____

Company Name and City: _____

Last Job Held: _____ Last Supervisor: _____

Reason for Leaving: ____ Voluntary (State Reason: _____)

____ Involuntary (State Reason Given by Company: _____)

____ Other (Explain: _____)

Dates: From _____ to _____ Last Salary \$ _____

Company Name and City: _____

Last Job Held: _____ Last Supervisor: _____

Reason for Leaving: ____ Voluntary (State Reason: _____)

____ Involuntary (State Reason Given by Company: _____)

____ Other (Explain: _____)

Dates: From _____ to _____ Last Salary \$ _____

Company Name and City: _____

Last Job Held: _____ Last Supervisor: _____

Reason for Leaving: ____ Voluntary (State Reason: _____)

____ Involuntary (State Reason Given by Company: _____)

____ Other (Explain: _____)

USE ADDITIONAL PAGES IF NECESSARY