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CONFIDENTIAL EMPLOYMENT LAW QUESTIONNAIRE

Thank you for visiting the Law Offices of Bowman and Associates. In order to better evaluate your case, please answer all the questions below as completely as possible and with the whole truth. Please attach additional sheets if necessary. All answers to these questions contained herein are confidential. Please email to contact@bowmanandassoc.com or fax to 916-358-8689.

1. ABOUT YOU

Name: _____

Street Address: _____

City, State, Zip: _____

Cell Phone: _____

Home Phone: _____

Email: _____

How did you hear about us? _____

Your age: _____ What is your Gender: _____ What is your ethnicity: _____

Do you have any unique characteristics you believe pertain to your case? (For example are you pregnant? Have you requested a disability accommodation? Have you requested family medical leave? Have you filed a workers' compensation claim? Have you complained about workplace safety? Etc.?)

Have you spoken to, met with, or corresponded with any other attorneys regarding the issue you wish to speak with us about? If so, whom and when?

NOTE: We do not become your attorneys simply because you fill out this questionnaire.

FAX
916-358-8689



www.bowmanandassoc.com

E-MAIL
contact@bowmanandassoc.com

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Have you ever been convicted of a felony or a misdemeanor involving dishonesty or morals? If so, please give a brief description of the conviction offenses and dates of conviction. (This information is requested as convictions of this nature could be raised as evidence in your case by the other side.)

Have you filed for bankruptcy or are you thinking about filing for bankruptcy? If so, when?

What is your most important goal in contacting us?

2. TELL US ABOUT YOUR EMPLOYER

Name: _____

Street Address: _____

City, State, Zip: _____

Phone number: _____

Website: _____

How many total employees (Approx.): _____ How many employees locally? _____

Where is the company headquarters? (City, County, State): _____

Where is your work location? (City, County, State): _____

Name of Supervisor: _____ Is this employer a government agency or non-profit? _____

3. TELL US ABOUT YOUR EMPLOYMENT SITUATION

What was your date of hire with this employer? _____

What was your last day as an employee with this employer? _____

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CONFIDENTIAL EMPLOYMENT LAW QUESTIONNAIRE

What is (was) your job title? _____

What are (were) your job duties? _____

Is (was) there a written contract for your employment or offer letter? If so, please attach a copy. _____

Is (was) there an employee handbook? _____ If so, do you have a copy (Please attach)? _____

How did you first learn about the job? _____

Did you complete an application for employment with the employer? _____

Are you aware of any Arbitration Clauses that you signed or your employer requires? _____

How are (were) you compensated for your work? (Ex. Hourly wage, monthly salary, piece rate, commission, independent contractor? Please include exact dollar amounts.)

What is (was) your daily and/or weekly work schedule? (Ex. 8 hours per day? 5 days per week? Include any overtime hours you worked with or without compensation.)

Do you believe you were properly compensated by this employer? If not, what additional compensation do you believe you may be due and why?

If you no longer work for this employer, what is the reason? _____

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CONFIDENTIAL EMPLOYMENT LAW QUESTIONNAIRE

What will the employer say is the reason you are no longer working for them? _____

When (if) you left this employer, did you sign any resignation letter, waiver, release, or severance pay agreement, or settlement agreement? If so, please attach a copy. _____

Have you applied for Unemployment Insurance benefits, State Disability Insurance benefits, long term disability insurance benefits, retirement benefits, or workers' compensation benefits? If so, which benefits, when, and what is the status of your application?

Did you receive periodic written performance evaluations? If so, how often? _____

Did your employer ever criticize your work performance in any way? (Ex. Were you ever given bad evaluations, written up, suspended, demoted, terminated, placed on probation, etc.?) If so, please provide dates, employer's reasons, and details.

Are (were) you a member of any union or labor organization? If so, which one?

If you are (or were) a member of a union, has your union filed any grievance relating to your case? If a grievance has been filed, what is the status of the grievance now?

Have you filed a Department of Fair Employment and Housing Complaint? If so, date. _____

Have you filed a Government Claim? If so, date. _____

Have you obtained a "Right to Sue" Letter? If so, date. _____

Have you filed a charge with the Equal Employment Opportunity Commission (EEOC)? _____

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CONFIDENTIAL EMPLOYMENT LAW QUESTIONNAIRE

Have you filed any complaints with any State or Federal agencies about your case? If so, which agencies and when? What is the status of those complaints?

Were you the victim of harassment, discrimination or retaliation? If so, please describe in detail what happened. Do NOT generalize. Instead, give exact dates, times, facts, names, statements made by people, for each event to the best of your memory.

Date of Harassment:	Name of Harasser:	Job Title of Harasser:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did you keep your own notes or a diary at the time of these events? If so, do you still have these notes?

What are the names and job titles of witnesses to these events? Are they still employed with the employer?

Name of Harasser:	Job Title of Harasser:	Still Employed with employer?
_____	_____	_____
_____	_____	_____
_____	_____	_____

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CONFIDENTIAL EMPLOYMENT LAW QUESTIONNAIRE

Have you ever complained to your employer about these events? If so, who did you complain to and when?

What actions did your employer take in response to your complaint?

What would you consider to be a good outcome to resolve your case?

I hereby certify that the above mentioned information has been completed in truthfulness and is accurate to the best of my memory. I understand that by submitting this information to The Law Offices of Bowman and Associates I am not retaining your services. I understand all answers to all questions contained herein are confidential between the Law Offices of Bowman and Associates and myself unless authorized otherwise.

Name:

Signed:

Date:

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