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# **EMPLOYMENT LAW QUESTIONNAIRE**

**CONFIDENTIAL ATTORNEY-CLIENT COMMUNICATION**

ROSE LAW, A PROFESSIONAL CORP.  
11335 GOLD EXPRESS DR., STE. 135  
GOLD RIVER, CALIFORNIA 95670

Thank you for contacting us. So that our attorneys may evaluate your case, please answer all the questions below as completely as possible. Be truthful. Attach additional sheets if necessary. We will keep your answers to these questions confidential. **Please fax your completed questionnaire to 916-290-0148 or scan and email it to [legalteam@joeroselaw.com](mailto:legalteam@joeroselaw.com).**

### 1. TELL US ABOUT YOU

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

Street Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_

How did you hear about us? Please be as descriptive as possible. (For example, if you searched the Internet, what search terms did you use? This helps us track the effectiveness of our marketing efforts.)

\_\_\_\_\_  
\_\_\_\_\_

How old are you? \_\_\_\_\_ 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 ever been convicted of a felony or a misdemeanor involving dishonesty or morals? If so, please give us a brief description of the conviction offenses and dates of conviction. (We ask this because convictions of this nature could be raised as evidence in your case by the other side.)

\_\_\_\_\_  
\_\_\_\_\_

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?

\_\_\_\_\_

Have you filed for bankruptcy or are you thinking about filing for bankruptcy? \_\_\_\_\_

What is your most important goal in contacting us?

\_\_\_\_\_

## 2. TELL US ABOUT YOUR EMPLOYER

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

Street Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

How many total employees (approximately)? \_\_\_\_\_

Where is the company headquarters? (City, County, State) \_\_\_\_\_

Where is your work location? (City, County, State) \_\_\_\_\_

## 3. TELL US ABOUT YOUR EMPLOYMENT SITUATION

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? \_\_\_\_\_

How did you first learn about the job? \_\_\_\_\_

Did you complete an application for employment with this employer? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

What is (was) your daily and/or weekly work schedule? (E.g. 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?

\_\_\_\_\_  
\_\_\_\_\_

What was your date of hire with this employer? \_\_\_\_\_

What was your last day on the payroll with this employer? \_\_\_\_\_

If you are no longer working for this employer, what is the reason? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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?

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

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

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

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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?

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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?

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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.

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Names of harasser

Job title of harasser

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| Date  | Event |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you 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?

\_\_\_\_\_