

Employment Questionnaire

1. Name:

2. Address:

3. Phone Number:

Home

Work

E-mail Address:

4. Employer where problems surfaced:

Name:

Address:

5. Position held at that employer:

6. Date hired by that employer:

7. Approximate number of persons employed by that employer?

8. Were you discriminated against based on any of the following?

___ religion

___ race

___ color

___ national origin

___ age

___ sex

___ disability

___ height

___ weight

___ familial status or marital status

If you checked one of the please write in the specific fact next to the designation. For example, if you checked race, write in "African American" next to "race" if applicable.

9. If you believe you were discriminated against, when did this occur (i.e., month and year)?

10. If you believe you were discriminated against, have you contacted the Equal Employment Opportunity Commission ("EEOC") or a state agency regarding the discrimination?

___ yes ___ no

11. Were you sexually harassed at work? ___ yes ___ no

12. If the answer to the preceding is yes, please describe the nature of the harassment
(including whether it includes verbal, written, or physical harassment or unwelcome advances
and if there are any witnesses):

13. If you were sexually harassed, state the name of your harasser and his/her position with the employer:

_____ Name _____ Position

14. If you were sexually harassed, when did this occur (i.e., month and year)?

15. Were you, or are you currently, a member of a union or a collective bargaining unit?

___ yes ___ no

16. Did you have a written employment agreement with your employer?

___ yes ___ no

17. Did your employer have a written personnel policy manual?

___ yes ___ no

18. Do you have a copy of this employer's written personnel policy

manual?

___ yes ___ no

19. Did you complain about your treatment to a supervisor or your employer?

___ yes ___ no

20. If you did complain, did you do so in writing?

___ yes ___ no

21. If you complained in writing, please provide us with a copy of your complaint.

22. Describe any action your employer or supervisor took in response to your complaint:

23. Did you experience adverse employment action as a result of making a claim under a state disability statute or the Americans with Disability Act?

____ yes ____ no

Are you disabled? If so, please describe your disability.

24. Did you experience adverse employment action as a result of making a claim under the Family Medical Leave Act?

yes no

25. Did you experience adverse employment action as a result of making a workers compensation claim?

yes no

26. If your answer to any of the foregoing three questions was yes, please describe why you concluded that the adverse employment action was connected to your making a claim against your employer:

27. Did you experience adverse employment action as a result of reporting a violation of law or other wrongdoing committed by your employer to any governmental agency, including the police?

___ yes ___ no

28. If the answer to the preceding question was yes, please answer the following:

a. Which governmental agency was the wrongdoing reported to?

b. When was the wrongdoing reported to the agency?

c. When did the wrongdoing by your employer occur?

29. Were you terminated? ____ yes ____ no

30. If you were terminated, what was the effective date of your termination?

31. If you were terminated, did you apply for unemployment benefits?

____ yes ____ no

32. Are you presently receiving unemployment benefits?

___ yes ___ no

33. If your employer contested your receipt of unemployment benefits, state the reasons the employer used to contest your receipt of unemployment benefits:

34. Were you offered a severance package?

___ yes ___ no

35. If you were offered a severance package, please describe what you were offered:

36. Did you accept the severance package?

___ yes ___ no

37. Did you sign a release of claims when you left employment (for example, as a condition of getting the severance package)?

___ yes ___ no

38. Have you signed a covenant not to compete with your employer?

___ yes ___ no

39. If you were terminated, have you been able to find new employment?

___ yes ___ no

40. If you found new employment, please state the name of your new employer:

41. Please state the title of your new position:

42. Were you subject to a last chance agreement?

___ yes ___ no

43. What was your income from employment per year with the employer where these problems developed? \$ _____/year

44. If you have other employment now, please state your current income per year from your new employment: \$_____/year

45. Are you under the treatment of a therapist (e.g., social worker, psychologist, psychiatrist)?

____ yes ____ no

46. If the answer to the preceding question is yes, did you seek treatment because of problems at work?

____ yes ____ no

47. Are you presently taking any psychotropic medication (e.g., anti-depressants, sleeping

pills, anti-anxiety drugs)?

____ yes ____ no

48. If the answer to the preceding question is yes, please state the name of each drug and the date on which you began taking this drug:

49. Describe generally the performance evaluations you received at the employer where you had problems (e.g., poor, fair, good, above average, excellent):

2000:

2001:

2002:

2003:

2004:

2005:

50. Have you requested a copy of you personnel file within the last year?

___ yes ___ no

Did you receive the file if you requested it?

51. What do you expect your employer's response to be to a complaint from you regarding harassment or discrimination (e.g., the facts you allege never happened, your work performance was declining, you are a disgruntled employee, any inappropriate behavior was consensual):

52. Have you taken, or will you consent to take, a polygraph (i.e., "lie detector") test regarding the information that you have provided in this questionnaire?

Have you consulted another attorney about this case? Yes No

If the answer to the previous question is yes, please provide the following

information:

Name of attorney:

Approximate date of consultation:

If the other attorney declined to represent you, please state the reason to the

best of your knowledge:

NOTE: You were asked the questions above because most employees are “at will” employees in Michigan, which means that they can quit at any time and they can be terminated at any time— for any reason or no reason at all. There are exceptions to the “at will” doctrine, but they are few and far between.

The exceptions primarily include cases of discrimination and sexual harassment, whistle blower actions, and breach of written employment agreements. Occasionally an employer can be found liable to an employee after a termination if there is evidence that the employer promised the employee (in a written personnel policy manual or verbally) that the employee would only be terminated “for cause.” Finally, an employer can become liable to an employee if action is taken in retaliation for an employee’s exercising legal rights to file a workers compensation claim, for example, or claiming time off under the Family Medical Leave Act.

Please feel free to add any description of the situation or remedies sought below.

Return to:

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