

EMPLOYMENT QUESTIONNAIRE

YOUR NAME

Name: _____

Address: _____

City: _____

State: _____

Phone Number: _____

Email: _____

YOUR EMPLOYER

Name of Company/Individual: _____

Address of Employer: _____

Phone Number of Employer: _____

Places Where You Carried Out Your Work: _____

Name of Your Supervisor(s): _____

Type of Business of Your Employer: _____

JOB INFORMATION

Your Job Title: _____

Job Duties/Responsibilities: _____

Are You Considered Management? Yes / No (*please circle the correct answer*)

Do You Work As A Construction Worker? _____

Was The Employer Licensed? _____

What Was The Employer's License Number? _____

Approximate Number Of Employees: _____

Is There A Union? Yes / No *(please circle the correct answer)*

Are/Were You A Member? Yes / No *(please circle the correct answer)*

Name Of Union: _____

Have You Discussed Your Issue With A Union Representative? Yes / No

Were You Working As An Independent Contractor? Yes / No *(please circle the correct answer)*

Did You Ever Sustain Any Injury In The Course Of Your Work? Yes / No *(please circle the correct answer)*

If Yes, Did You Receive Workers' Compensation? Yes / No *(please circle the correct answer)*

HOURS WORKED

When Was Your First Day Of Work: _____

When Was Your Last Day Of Work: _____

How Many Days did You Normally Work Per Week: _____

How Many Hours Did You Normally Work Per Day: _____

OVERTIME:

If You Worked More Than 8 Hours Per Day Or More Than 40 Hours Per Week

Did You Receive Overtime Pay For Hours Over 8 In A Day? Yes / No *(please circle the correct answer)*

Did You Receive Overtime Pay For Hours Over 40 In A Week? Yes / No *(please circle the correct answer)*

BREAKS:

Did You Receive A 10-Minute Break For Every 4 Hours Worked? Yes / No

If Yes, How Long Was Your Break: _____

Was It Paid? Yes / No *(please circle the correct answer)*

Was It Interrupted? Yes / No *(please circle the correct answer)*

Did You Receive a Lunch/Dinner Break For Every 5 Hours Worked? Yes / No *(please circle the correct answer)*

If Yes, How Long Was Your Break: _____

Was It Paid? Yes / No *(please circle the correct answer)*

Was It Interrupted? Yes / No *(please circle the correct answer)*

RECORDS:

Did You Keep A Record Of Your Hours Worked? Yes / No *(please circle the correct answer)*

Did The Employer Keep A Record Of Hours Worked? Yes / No *(please circle the correct answer)*

List The Written Records Your Employer Has About Your Employment: _____

INFORMATION ABOUT YOUR WAGES

Were You Paid by (select as appropriate):

_____ Salary

_____ Hourly Wage

_____ Bonus or Commission

_____ Piece Rate

How much were you paid? _____

What were your monthly wages? _____

What was your annual income? _____

Did your rate of pay change? If so, please provide details: _____

When were your pay days? _____

Were you paid by cash, check, or other? _____

Did you get pay stubs? Were they correct? _____

Are you owed reimbursement for travel, tools, or uniform or other out-of-pocket expenses? If so, please give details. _____

HARASSMENT, DISCRIMINATION, AND RETALIATION

Were you subjected to **sexual harassment** at work? Yes / No (*please circle the correct answer*)

If so, what happened, who was the harasser, when did it happen, who you complained to about the harassment, how you complained, when you complained, etc.

What gender were your manager and co-workers? _____

Did you ever feel discriminated against because of your gender? Yes / No (*please circle the correct answer*)

If so, please explain what happened, who discriminated against you and how, when it happened, who you complained to about the discrimination, how you complained, when you complained, etc.:

What was the employer's reason for such discrimination?

What language did you speak at work? _____

Did you ever feel discriminated against because of your race or national origin? Yes / No (*please circle the correct answer*)

If so, please explain what happened, who discriminated against you and how, when it happened, who you complained to about the discrimination, how you complained, when you complained, etc.:

What was the employer's reason for such discrimination?

Were you ever subjected to **discrimination** for any other reason? (e.g. sexual orientation, age, disability, religion, etc.)? If so, please explain what happened, who discriminated against you and how, when it happened, who you complained to about the discrimination, how you complained, when you complained, etc.:

What was the employer's reason for such discrimination?

Did your employer ever **retaliate** against you for any reason (for example, for requesting safe working conditions, for requesting you be paid overtime, etc.)? If so, please explain what happened, who retaliated against you and how, when it happened, who you complained to about the retaliation, how you complained, when you complained, etc.:

What was the employer's reason for retaliating against you?

Did your employer ever **demote** you for any reason (for example, for requesting safe working conditions, for requesting you be paid overtime, etc.)? If so, please explain what happened, who

demoted you and how, when it happened, who you complained to about the demotion, how you complained, when you complained, etc.:

What was the employer's reason for demoting you?

Did your employer ever **deny** your request for equal pay, a transfer, a promotion, an accommodation, and/or family medical leave? If so, please explain what you requested, why you requested it, who denied your request and how, when your request was denied, who you complained to about the denial, how you complained, when you complained, etc.:

What was your employer's reason for denying your request?

TERMINATION OF EMPLOYMENT

Why did you stop working? Fired / Forced To Quit / Laid Off (*please circle the correct answer*)

When was your first and last date of employment? _____

How long did you work for your employer? _____

If you were fired, what reason did your employer give?

Do you agree with the reason your employer gave? If no, why not?

If you were laid off, what reason did your employer give?

Do you agree with the reason your employer gave? If no, why not?

If you were forced to quit, please explain why:

Did you get a final pay check? _____

If so, was it correct? How much is owed? _____

REQUEST FOR WAGES TO EMPLOYER

Have you asked your employer for the wages you are owed? Yes / No (*please circle the correct answer*)

If so when? _____ How? _____

What was your employer's response?

FILING A COMPLAINT WITH A GOVERNMENT AGENCY

Have you ever filed a complaint with a governmental agency regarding any of your allegations?
Yes / No *(please circle the correct answer)*

Did you ever file a complaint with the Department of Fair Employment and Housing (DFEH) or the Equal Employment Opportunity Commission (EEOC): Yes / No *(please circle the correct answer)*

If so, on what date? _____

Did you receive a Right-To-Sue? Yes / No *(please circle the correct answer)*

If so, what is the date on the Right-To-Sue? _____

Please fax us a copy of the Right-To-Sue letter at (415) 421-1815 or you can upload it here: _____

WORKERS' COMPENSATION CLAIM

Do you currently have a pending workers' compensation claim relating to your employment?
Yes / No *(please circle the correct answer)*

If yes, who is your workers' compensation attorney and what is his/her contact information?

Which court was your case filed in?

TREATMENT OF OTHER EMPLOYEES

Do you know of others being treated the same way as you? Yes / No *(please circle the correct answer)*

If so, what are their names?