FREKING MYERS & REUL
CONFIDENTIAL EMPLOYMENT QUESTIONNAIRE - CURRENT EMPLOYEE

PURPOSE

The following questions are designed to provide us with an adequate history of your employment situation. Please be assured that all information you provide to us is held in confidence. By completing the questionnaire as completely as possible we will be able to provide a more comprehensive evaluation. If you believe other information is important for us to consider, please add the material in the "other information" section at the end of this questionnaire. Thank you.

PERSONAL DATA

Full Name: Spouse Name:

Marital Status: ☐ Single ☐ Married ☐ Divorced/Separated ☐ Widowed

No. of children under 21: No. of children over 21:

Street Address:

City: State: Zip: County:

E-mail address: Cell Phone:

Race: Gender: Religion: Date of Birth:

In which country were you born? ☐ USA ☐ Other If other, please identify:

Do you have a disability or believe your employer perceives you as disabled? ☐ YES ☐ NO

Have you, or are you considering, filing a claim for any type of disability benefits, including Long Term Disability or Social Security Disability Insurance? ☐ YES ☐ NO

If yes, please describe the nature of the disability and how it affects you:

What would you like our firm to do for you? (Please include any specific questions that you have.)

If applicable, please supplement this questionnaire with a description (in a summary or timeline format) of the events and individuals that have resulted in your need for legal advice.

CURRENT EMPLOYER DATA

Employer:

Employer's Street Address:

City: State: Zip:

Employer's Tel. No. County of Employer:

Business of Employer:

No. of employees at your work site: ☐ 0-3 ☐ 4-15 ☐ 15-49 ☐ 50 or more

Total No. at all work sites: ☐ 0-3 ☐ 4-15 ☐ 15-49 ☐ 50 or more

Name of Chief Executive Officer:

Name of Human Resources or Personnel Director:

EMPLOYMENT HISTORY DATA (WITH EMPLOYER)

Position/Job Title: Department:

Date of Hire: Supervisor's Name and Job Title:

Current Pay Rate of Salary: Are you paid: ☐ weekly ☐ bi-weekly ☐ bi-monthly ☐ monthly ☐ other

FACTUAL INFORMATION REGARDING YOUR SITUATION

Date "problems" began with this employer:

Approximate date of first adverse action against you by your employer:

Prior to the current problems, did you receive other warnings (verbally or in writing) or were you placed on probation?
☐ YES ☐ NO
If yes, please explain and attach copies of all relevant documents.

How do you believe you were treated unfairly?

What does the Company say is the reason for this treatment?

In the last three years of your employment with this company, have you complained about any employment practices or helped any other employee who did? ☐ YES ☐ NO
If yes, please explain:

Have you filed a Charge with any government agency about your situation? ☐ YES ☐ NO
If yes, please attach and answer questions (a) through (c):

(a) When did you file your charge?

(b) What is the present status of your charge? ☐ Pending with Agency ☐ Dismissed ☐ Agency Found in My Favor

(c) Have you received a Notice of Right to Sue letter ☐ YES ☐ NO or a Dismissal notice? ☐ YES ☐ NO

If so, when?

(If you have copies of the Charge and/or Right to Sue letter, please provide).

Do you believe you were treated differently than other employees? ☐ YES ☐ NO

If yes, please provide as many names of other persons that were treated better than you and identify each person's age, sex, race, religion, disability, or national origin if different than yours. If you do not specify these characteristics for a person, we will assume such individual is similar to you in those respects. Please use additional space at end of questionnaire to list others.

Name:
Age: Gender: Religion (if known):
Disability: ☐ yes ☐ no National Origin/Race: ☐ same ☐ other

Name:
Age: Gender: Religion (if known):
Disability: ☐ yes ☐ no National Origin/Race: ☐ same ☐ other

Name:
Age: Gender: Religion (if known):
Disability: ☐ yes ☐ no National Origin/Race: ☐ same ☐ other

Name:
Age: Gender: Religion (if known):
Disability: ☐ yes ☐ no National Origin/Race: ☐ same ☐ other

Name:
Age: Gender: Religion (if known):
Disability: ☐ yes ☐ no National Origin/Race: ☐ same ☐ other

What are the names of persons who may support you and have knowledge about the treatment you have received? Please provide telephone numbers. Summarize each person's knowledge and how it supports you.

Has anyone else been treated like you by this employer to your knowledge? ☐ YES ☐ NO

If yes, please provide as many names of other persons that were treated like you and identify each person's age, sex, race, religion, disability, or national origin if different than yours. If you do not specify these characteristics for a person, we will assume such individual is similar to you in those respects. Please use additional space at end of questionnaire to list others.

Name:
Age: Gender: Religion (if known):
Disability: ☐ yes ☐ no National Origin/Race: ☐ same ☐ other

Name:
Age: Gender: Religion (if known):
Disability: ☐ yes ☐ no National Origin/Race: ☐ same ☐ other

Name:
Age: Gender: Religion (if known):
Disability: ☐ yes ☐ no National Origin/Race: ☐ same ☐ other

Name:
Age: Gender: Religion (if known):
Disability: ☐ yes ☐ no National Origin/Race: ☐ same ☐ other

Do you think you may have been discriminated against on basis of:
☐ age ☐ gender ☐ race ☐ disability ☐ national origin ☐ religion ☐ workers' comp. claim ☐ other

If you checked any of the blocks, please explain:

UNION ACTIVITY (if applicable)

Name of Union:

Have you filed a grievance about the subject matter of this consultation? ☐ YES ☐ NO

If yes, what is the status of your grievance? ☐ Pending in grievance procedure ☐ Pending arbitration

If no, why not?

EMPLOYER PAY PRACTICES AND HISTORY

Hourly Paid Employees (do not fill out if paid a salary)

If you are hourly paid, are you paid for all hours you work? ☐ YES ☐ NO

Are you paid time and one-half your regular hourly rate for all hours worked over 40 hours in a week? ☐ YES ☐ NO

Salary Paid Employees (do not fill out if you are paid hourly)

If you are paid a salary are you paid extra for hours you work over 40 in a week? ☐ YES ☐ NO

If you are not paid extra for hours you work over 40 in a week, do you:

a) Supervise two or more employees at all times? ☐ YES ☐ NO

b) Are you a professional in the traditional sense - doctor, lawyer or licensed (e.g., architect or teacher) or artistic (e.g., dancer, singer, painter of pictures)? ☐ YES ☐ NO

c) Do you have independent discretion to interpret and implement company policy? ☐ YES ☐ NO

Does your employer dock your pay for partial day absences? (Could be caused by personal or family member illness, doctor or dentist appointment, or any other reason.) ☐ YES ☐ NO

Is your regular salary docked for:

a) Lack of work? ☐ YES ☐ NO

b) Jury duty? ☐ YES ☐ NO

c) Attendance as a subpoenaed witness? ☐ YES ☐ NO

d) As a penalty for violation of work rules? ☐ YES ☐ NO

e) Temporary military duty (e.g., weekend or two week summer duty)? ☐ YES ☐ NO

What promotions or demotions have you received during the course of your employment? (Please give approximate dates and identify the positions by title.)

What other transfers or reassignments, if any, have you received during the course of your employment? (Please give approximate dates and identify the positions by title.)

Please indicate the amount of any pay increases or decreases that you have received during the last three years? (Please indicate which increases are merit increases.)

This year:	Merit increase? ☐ YES ☐ NO	Last year:	Merit increase? ☐ YES ☐ NO
2 yrs ago:	Merit increase? ☐ YES ☐ NO	3 yrs ago:	Merit increase? ☐ YES ☐ NO

Have you received any awards or commendations at this company in the last 5 years? ☐ YES ☐ NO
If yes, please list (with approximate dates):

Does your employer treat you differently than any promises/policies/rules would require? ☐ YES ☐ NO
If yes, please explain:

Check the statements that apply to you:

☐ I have a written job contract or agreement. (If yes, please provide a copy to our office).

☐ I have a letter or document discussing the terms of my employment. (If yes, please provide a copy to our office).

☐ The company has an employee handbook or manual. (If yes, please provide a copy to our office).

☐ The company has other written work rules or policies. (If yes, please provide a copy to our office).

DAMAGES SUFFERED AS A RESULT OF EMPLOYER'S ACTIONS

Have you lost income or suffered economically as a result of the problems? ☐ YES ☐ NO
If yes, please describe how much income you have lost to date and how the employer caused the lost:

Is your physical and/or emotional health affected by your employer's treatment towards you? ☐ YES ☐ NO
If yes, in what way?

Are you seeking any kind of treatment from a health care professional as a result of the employer's treatment?
☐ YES ☐ NO
If yes, identify the health care professional, the dates of treatment and any prescribed medication.

MISCELLANEOUS

To your knowledge, is your employer or the parent corporation experiencing financial problems? ☐ YES ☐ NO
If so, please explain:

Does your employer do business with: State of Ohio? ☐ YES ☐ NO or U.S. Government? ☐ YES ☐ NO

Are you concerned your employer does anything wrong or falsely in its dealings with either the federal or state government? ☐ YES ☐ NO

Have you ever been discharged or forced to resign from prior employment? ☐ YES ☐ NO If yes, state the name(s) of the employer(s) and the year?

Have you ever been involved in litigation before? ☐ YES ☐ NO If yes, give dates and the subjects of the lawsuits or charges:

Are you currently in bankruptcy? ☐ YES ☐ NO

Are you providing any documents to us? ☐ YES ☐ NO

If yes, by ☐ fax? ☐ mail? ☐ email?

Have you contacted other attorneys or agencies regarding your present claim? ☐ YES ☐ NO
If yes, who and when?

OTHER RELEVANT INFORMATION REGARDING YOUR EMPLOYMENT THAT YOU WANT US TO KNOW:

UNEMPLOYMENT BENEFITS:

If you plan to file for unemployment compensation benefits in the state where you were employed, you can generally do so by phone or online from the Department of Job and Family Services (in Ohio), the Office of Employment and Training (in Kentucky), or the Department of Workforce Development (in Indiana). You are responsible for filing your application for benefits, for filing any appeals in response to a contest to benefits eligibility, documenting your job search, and filing weekly claims for benefits. Refer to the documents you receive from your unemployment compensation agency for information, including important deadlines. If you have questions regarding any aspect of your application or an appeal, contact the agency with which you have filed.

HOW DID YOU FIND US?

Name of person(s) who referred you to our firm:

Name of attorney to whom you were referred:

Randolph H. Freking ☐
Kelly Mulloy Myers ☐
George M. Reul, Jr. ☐
Jon B. Allison ☐
Katherine Daughtrey Neff ☐
Austin H. LiPuma ☐
Laura Welles Wilson ☐
Niroshan M. Wijesooriya ☐
Paige E. Richardson ☐
Baylee D. Kalmbach ☐
Sarah N. Froehlich ☐
Charles T. McGinnis, III ☐
Jeffrey M. Silverstein ☐

Why did you select our firm?

PLEASE PROVIDE DOCUMENTS RELEVANT TO YOUR EMPLOYMENT CONCERN

OUR PERSONAL INJURY PRACTICE

Freking Myers & Reul provides legal services for personal injury claims in addition to employment matters. These claims and services include auto and truck collisions, insurance disputes, premises liability, defective products, defective machinery, nursing home neglect and abuse, and medical malpractice.

Have you or someone you know been seriously injured in an accident in the last two years? ☐ YES ☐ NO

If you would like one of our personal injury attorneys to contact you, please check here: ☐

If you would like, you may include some information about your concern here: