

CLIENT QUESTIONNAIRE
EMPLOYMENT

Today's Date _____

GENERAL BACKGROUND INFORMATION

Full Name _____
Address _____
City _____ State _____ Zip _____
Telephone (H) _____
(O) _____
Date of Birth _____
Social Security Number _____
Drivers License Number _____ State of Issuance _____
Present Employer _____

Date of Hire _____ Salary at Hire _____
Current Salary _____

Children

(Include step and foster children who
live with you or whom you support)

<u>Name</u>	<u>Address</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Marital and Personal History

Birth Date _____
Place of Birth _____
Your Spouse's Name _____
Address _____
Date of Marriage _____
Place of Marriage _____
Occupation _____
Place of Employment _____
Employer's Address _____
City _____ State _____ Zip _____ Phone _____

Previous Marriage(s) _____
Spouse Name _____
Date of Marriage _____
Date of Divorce or Spouse's Death _____
Place of Marriage _____

Legal History

Have you or your spouse ever been known by any other name? If so, state:

1. Name _____
Date Used _____
Circumstances _____
2. Name _____
Date Used _____
Circumstances _____

List of lawsuits of any kind, including divorce, in which you have been involved either as the one bringing the lawsuit (Plaintiff) or as the one against whom the lawsuit was brought (Defendant).

1. Name of other party _____
2. Were you Plaintiff or Defendant? _____
3. Year _____
4. Place _____
5. Type of Action _____
6. Your Attorney _____

1. Name of other party _____
2. Were you Plaintiff or Defendant? _____
3. Year _____
4. Place _____
5. Type of Action _____
6. Your Attorney _____

Arrests and Prosecutions

(List all criminal cases, including moving traffic violations)

1. Date (or year) _____
2. Charge _____
3. Place or court _____
4. Were you convicted? _____
5. What was your sentence? _____
6. Who was your lawyer? _____

1. Date (or year) _____
2. Charge _____
3. Place or court _____
4. Were you convicted? _____
5. What was your sentence? _____
6. Who was your lawyer? _____

Residential History

Addresses where you have resided for the last ten years (last address first).

Address _____
City _____ State _____ Zip _____

Time period of residence _____

Address _____
City _____ State _____ Zip _____

Time period of residence _____

Address _____
City _____ State _____ Zip _____

Time period of residence _____

Address _____
City _____ State _____ Zip _____

Time period of residence _____

Education and Training

List all schools attended and training courses taken, including those in the military.

1. Name of School _____
2. Address (as near as you can recall) _____
3. Diploma, certificate, etc. (List type) _____
4. Dates attended _____
5. Date diploma, certificate received _____

1. Name of School _____
2. Address (as near as you can recall) _____
3. Diploma, certificate, etc. (List type) _____
4. Dates attended _____
5. Date diploma, certificate received _____

1. Name of School _____
2. Address (as near as you can recall) _____
3. Diploma, certificate, etc. (List type) _____
4. Dates attended _____
5. Date diploma, certificate received _____

Military Information

Army _____ Navy _____ Marines _____ Air Corps _____
Coast Guard _____ Merchant Marine _____ Other _____

Entered Service _____ Discharge Date _____

Type of Discharge: Honorable _____ Medical _____ General _____
Dishonorable _____

Serial Number _____ V.A. Claim No. _____
Pension _____ Per month since _____

Describe any service injury or sickness you sustained and give any and all details as to how injured.

Other information as to citations for bravery, medals, honors, etc.

Income Tax

Have you filed income tax returns for the past five years? _____

If so, under what name and where?

Please provide us with complete copies of your State and Federal Income Tax Returns complete with W-2 or 1099 forms for the last 5 years.

Employment

Present Employer _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Rate of Pay _____
Immediate Supervisor _____
What is your job title? _____
How long in that position? _____
How long with Company? _____
Other job titles with Company _____
Reason for termination (if applicable) _____

Employment Information for Date of Incident (if different than above)

Present Employer _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Rate of Pay _____
Immediate Supervisor _____
What is your job title? _____
How long in that position? _____
How long with Company? _____
Other job titles _____
Reason for termination (if applicable) _____

On a separate piece of paper, give us this information for every job you have had since high school and for every job held since you quit or were discharged.

Professional associations, labor unions and other work related organizations

1. Organization _____

2. Are you an officer, and when? _____
3. When did you join? _____

1. Organization _____
2. Are you an officer, and when? _____
3. When did you join? _____

1. Organization _____
2. Are you an officer, and when? _____
3. When did you join? _____

Licenses or certificates relating to your profession

	<u>Date Issued</u>	<u>By Whom</u>	<u>Type of Document</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

CLIENT'S COMPLAINT

Against:

Employer _____
Address _____

Telephone Number _____

Date of Hire _____

Starting Position _____ Starting Salary _____

Current Position _____ Current Salary _____

Current Status with Employer (ie, employed, discharged, retired)

Nature of Dispute

Are/were you a permanent or probationary employee? _____

Are/were you a member of a collective bargaining unit? If yes, did you exhaust your Union remedies?

Evaluations

Does the employer have a policy or practice of giving performance evaluations?

If yes: Are the evaluations randomly administered or at regular intervals;
 Who administers the evaluation;
 Are they oral or written;
 Is a conference scheduled to review the evaluations;
 Are suggestions made to improve your potential or are warnings given if poor performance is indicated.

What grading did you receive on all of your evaluations during your employment? (Excellent, Good, Fair, Poor) (If you already have written evaluations from your personnel file you may skip this question)

Were any verbal assurances given to you regarding job security if you perform your job satisfactorily? If yes:

By whom: _____

When: _____

Raises/Bonuses

Have you ever received raises or bonuses? If yes, were they:

- _____ 1) as a result of evaluations (merit);
_____ 2) across-the-board raises for all employees in your classification; or
_____ 3) negotiated through collective bargaining

Demotions

Were you ever passed up for promotion? If yes, state:

When _____

Classification _____

Reason _____

Were you ever promoted? If yes, state:

When _____

Classification _____

Did you receive a raise _____

Amount of raise _____

Discipline

Does the employer have a policy or practice of progressive discipline? _____

If yes: Do you have a copy of the policy manual? If yes, please provide us with a copy; If no, request a copy from your employer.

Have you ever been disciplined (reprimanded, warned, suspended, or probation)? If yes:

When _____

By Whom _____

Reason _____

Outcome _____

Was it written or oral _____

(State each incident separately. Use a separate sheet of paper if necessary.)

Names of persons similarly situated who were not disciplined for same offense.

Names of persons similarly situated who were disciplined for same offense.

Termination

Fired:

When were you notified _____

In writing/oral _____

By whom (who was present and who spoke, state their position with the company)

Reason given _____

Laid off:

When were you notified _____

In writing/oral _____

By whom (title/who was present and who spoke) _____

Reason given _____

Forced to resign or retire:

When were you notified _____

In writing/oral _____

By whom (title/who was present and who spoke) _____

Reason given _____

Your supervisor at time of separation:

Name _____
Title _____

Your duties/responsibilities at time of separation:

Had you ever filed:

1) A grievance against the employer? _____ If yes:

When _____
Reason _____

Outcome _____

2) A complaint about your immediate supervisor? _____ If yes:

When _____
Reason _____

Outcome _____

3) A complaint with:

Iowa Civil Rights Commission _____

Equal Employment Opportunity Commission _____

Department of Labor _____

National Labor Relations Board _____

If yes:

When _____

Reason _____

Outcome _____

4) A worker's compensation claim? _____ If yes:
When _____
Reason _____

Outcome _____

5) An unemployment compensation claim? _____ If yes:
When _____
Reason _____

Outcome _____

Do you currently have any claims pending against the employer? If yes:
Where _____
Status of Complaint _____

Have you spoken/written to anyone regarding your termination? Have you given any written or recorded statements regarding your termination? If yes:

When _____

Who _____

Title, if applicable _____

Details of communication _____

Documents

Do you have records of:

- _____ salary (from hire to termination)
- _____ evaluations/correspondence re: your performance
- _____ discipline correspondance
- _____ grievance claims
- _____ complaints filed with MCDR, EEOC, DL, NLRB, MESC, LUC
- _____ termination correspondence
- _____ description of employee benefits
- _____ rule/regulations of employer
- _____ employee handbook
- _____ personnel policies/procedures manual
- _____ union contract (if applicable)

If yes, please provide us with a copy. Please request a copy of your personnel file and forward it to this office. You are entitled to a copy of your personnel file pursuant to Iowa Code Chapter 91B.

DAMAGES

Have you sought employment since your termination? _____

If yes:

Name of company _____

Position sought _____

Outcome (Use additional sheets of paper if necessary)

Have you obtained new employment? _____

If yes:

When _____

With whom (name, address) _____

Position _____

Salary _____

Benefits _____

Have you lost benefits under your new employer which you previously had prior to termination? _____

If yes, please list those benefits.

- _____ pension
- _____ profit sharing
- _____ medical
- _____ dental
- _____ optical
- _____ life insurance
- _____ disability insurance
- _____ holiday pay
- _____ overtime pay
- _____ vacation pay
- _____ severance pay

Other _____

Are there any other financial or monetary losses? _____

MEDICAL TREATMENT

Have you sought medical or psychological treatment/counseling as a result of this claim? _____

If yes:

When did you first seek medical or psychological treatment for your injuries? _____

Where? _____ Address _____

City _____ State _____ Zip _____
Who treated you? _____ What was the diagnosis? _____
What treatment did you receive? _____

Were you hospitalized? _____ Where? _____
Address _____
City _____ State _____ Zip _____
When? _____ Until When? _____

Describe treatment, if not set out above

Describe medical care you are presently receiving

Describe what future medical care might be reasonably expected, if you know

For how long? _____

Medical Expenses

List all medical expenses on a separate page. Give name of care provider, dates of service, amount of bill, amount paid by insurance. Include costs of medical, hospital, surgical, therapy, appliances and drugs.

Had you sought medical/psychological treatment prior to the event(s) which triggered this claim? _____
If yes, please answer the following questions:

Were you under medical care immediately before the injury? _____
If so, for what? _____
Who was treating you? _____
What was the nature of treatment? _____

Regular Family Physician _____
Address _____
City _____ State _____ Zip _____
Phone _____

Doctors (except Dentists) who have examined or treated you in the last ten years.

	<u>Dates</u>	<u>Doctor & Address</u>	<u>Diagnosis</u>	<u>Treatment</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

Hospitals - List all hospitals where you have been a patient in your lifetime.

	<u>Dates</u>	<u>Hospital & Address</u>	<u>Doctor</u>	<u>Drug Treatment</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

Pre-Employment Examinations (As far back as you can recall)

Was examination at company office, doctor, or industrial clinic? _____
Ever rejected? _____ Why? _____

State names of doctors and clinics:

Life Insurance Examinations

Names of agents, insurance companies and doctors.

Ever rejected? _____
Why? _____
