

Employment Law Information Form

Thank you for allowing The Allen Firm, PC to help you.

PERSONAL CONFIDENTIAL INFORMATION

Please complete this questionnaire and return it as soon as possible. It is important that you answer each question fully. It is imperative that you be candid! You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question "N/A."

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress. Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE. HOWEVER, IF A PROFESSIONAL, INCLUDING AN ATTORNEY OR AN EMPLOYEE OF AN ATTORNEY, HAS CAUSE TO BELIEVE THAT A CHILD HAS BEEN ABUSED OR NEGLECTED OR MAY BE ABUSED OR NEGLECTED OR THAT A CHILD IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE, AND THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT THE CHILD HAS BEEN ABUSED AS DEFINED BY SECTION 261.001 OR 261.401 OF THE TEXAS FAMILY CODE, THE PROFESSIONAL SHALL MAKE A REPORT NOT LATER THAN THE FORTY-EIGHTH HOUR AFTER THE HOUR THE PROFESSIONAL FIRST SUSPECTS THAT THE CHILD HAS BEEN OR MAY BE ABUSED OR NEGLECTED OR IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE. THE REPORT SHALL BE MADE TO THE APPROPRIATE AGENCY.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT.

THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

ATTORNEY/CLIENT-PRIVILEGED INFORMATION

Privacy Policy Regarding Social Security Numbers: Social Security numbers will be divulged only when necessary during the course and within the scope of our employment. Social Security numbers are collected by the firm from various sources, including income tax returns as well as the client. Social Security numbers are used to identify parties for a number of purposes, including determination of wages, preparation of orders to withhold wages for child support and reports filed with the state of Texas, and obtaining information about retirement benefits.

All information received from our clients is confidential, particularly Social Security numbers. Social Security numbers are not divulged by the firm unless authorized by the client or required in the course of representation. Only employees of the firm who have a need to know will have access to this personal information.

***Please fill out this form completely and honestly, as we must conduct a conflict check on each potential client. We cannot make a proper determination without complete information.

Today's Date

PERSONAL INFORMATION

First Name

Last Name

Street Address

Street Address Line 2

City

State

Zip Code

Date Of Birth

Drivers License Number

Last 4 Digits of SS#

Employer

Title

E-mail Address :

Best Phone Number :

Professional Degrees, Licenses, Certifications:

SPOUSE'S INFORMATION

Spouse's Name

Spouse's Date of Birth

Spouse's Last 4 digits of SS #

Spouse's Driver's License

Spouse's E-mail Address :

Spouse's Best Phone Number :

EMPLOYEMENT INFORMATION

Are you currently employed?

Yes

No

Date of Hire:

Current employer:

Current employer job title:

Employer type of company:

Number of employees in company:

Number of employees in office:

Current employer street address:

Current employment status:

Full Time

Part Time

Temporary

Probationary

Contract Employee

Describe how you are paid (check all that apply):

Salary

Hourly Wage

Commissions

Bonuses

Overtime Pay

Expense Reimbursement

Salary - Amount per year:

Hourly Wage - Amount per hour:

Commissions - Describe commission structure:

Bonuses - Amount of bonuses:

Do you supervise any employees?

How many employees did you supervise?

Yes

No

Check all that apply:

I set my own schedule, days, times to work

I bring and/or use my own tools/equipment

I determine how the job will be performed, not my employer

Work schedule (days/times):

Duties:

Client current work e-mail:

May we e-mail you at work?

Yes

No

Client current work phone:

May we call you at work?

Yes

No

REASON FOR CONSULTATION

This consultation is regarding my:

Current Employer

Previous Employer

PREVIOUS EMPLOYER

Name of previous employer:

Address of previous employer:

Previous employer type of company:

Address of previous employer's company headquarters:

Number of employees at previous employer:

Number of employees in office at previous employer:

DATE OF HIRE

On date of hire, what was your job title at previous Employer:

At date of hire, describe how you were paid (check all that apply):

Salary

Hourly Wage

Commissions

Bonuses

Overtime Pay

Expense Reimbursement

Please describe your financial package / salary on "date of hire": (Include all items checked above)

Previous employer "date of hire" duties:

Previous employer "date of hire" status:

Full Time

Part Time

Temporary

Probationary

Contract Employee

DATE OF TERMINATION

On "date of termination", what was your job title at previous Employer:

At "date of termination" describe how you were paid (check all that apply):

- Salary
- Hourly Wage
- Commissions
- Bonuses
- Overtime Pay
- Expense Reimbursement

Please describe your financial package / salary on "date of termination": (Include all items checked above)

Previous employer "date of termination" duties:

Previous employer "date of termination" status:

- Full Time
- Part Time
- Temporary
- Probationary
- Contract Employee

SERVICES NEEDED FOR CONSULTATION

What services are you requesting a consultation about?

- Want unemployment benefits
- Want unpaid overtime or bonuses
- I feel I may have been wrongfully terminated (i.e., illegal discrimination, retaliation, etc.)
- Need review of severance package, release, or non-compete agreement
- Other

ADVERSE EMPLOYMENT ACTION

Check all the following which may apply to the adverse employment action taken:

- Termination
- Resignation
- Demotion
- Pay Cut
- Harassment
- Other

Date the adverse action was taken:

Describe employment status at time of adverse action:

Full Time

Part Time

Temporary

Probationary

Contract Employee

Name of Supervisor during adverse action:

Disciplinary actions leading up to adverse action:

Were the disciplinary actions taken according to company policy?

Yes

No

Reason given by employer for the adverse action:

Reason you believe adverse action was taken:

Did you appeal the adverse action decision within the structure of the employer?

Yes

No

Outcome of adverse action appeal?

UNEMPLOYMENT BENEFITS

Are you receiving unemployment benefits?

Yes

No

Have you filed for unemployment benefits?

Yes

No

Date filed for Unemployment benefits

Determination:

Approved

Denied

Decision Pending

Have you filed an appeal?

Yes

No

Benefits appeal outcome:

Do you currently have a TWC hearing scheduled?

Yes

No

Date of TWC hearing:

WRONGFUL TERMINATION (if applicable)

Check any of the following that you believe might apply:

Harassment

Retaliation

Discrimination

Based upon:

Race

National Origin

Age

Disability

Gender

Please explain wrongful termination in greater detail:

How many instances of above behavior occurred?

Name of individual(s) engaging in this behavior:

Did you report this behavior?

Yes

No

In what matter did you report this?

Written

Verbally

To whom and on what dates:

Outcome:

FORMAL COMPLAINTS

Have you filed an EEOC complaint in this matter?

Yes

No

Date EEOC Complaint filed:

Was a determination letter issued?

Yes

No

Date letter was received

Do you have the determination letter with you today?

Yes

No

What was the determination?

Are you aware of any pending deadlines in this case?

Have you filed a complaint within the employer or an appeal?

Yes

No

Date company complaint filed:

Outcome of company complaint:

POTENTIAL WITNESSES

Please list any and all witnesses that could help in this matter:

GOALS

Describe what you hope to accomplish through an attorney? (i.e., get job back, etc.)

PREVIOUS LEGAL ACTION

Have you consulted or retained any other attorneys on this matter before coming to this office?

Yes

No

Outcome with previous attorney:

Have you ever filed suit against a former employer?

Yes

No

How many times have you filed suit?

Please list dates and outcomes of previous suits filed:

EMPLOYMENT HISTORY

How many jobs have you had in the last ten (10) years?

I have answered the questions above honestly and completely, to the best of my knowledge.

Digital Signature