

# Bergstein & Ullrich, LLP

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## CONFIDENTIAL EMPLOYMENT QUESTIONNAIRE

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

### PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE:

Be as detailed as possible.

The following questions will help us understand your claim and any potential problems that may arise regarding that claim. Some of these questions are very personal in nature; however, we ask that you answer truthfully and as completely as possible. Your responses are protected by attorney/client privilege and will be held in strict confidence.

#### Please return this form to us with:

1. **A summary of the incident:** Describe in your own words (and detail) the events that have led you to believe that you were discriminated against or treated wrongfully by this employer.
2. **Supporting and/or relevant documents:** Please include all documents (papers) that you think support your claim, are relevant to your claim, or would assist us in evaluating your claim.

Thank you for the opportunity to review your claim.

**BASIC INFORMATION**  
**(regarding you and your current spouse)**

**YOU**

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CURRENT EMPLOYER \_\_\_\_\_

POSITION: \_\_\_\_\_

SALARY: \_\_\_\_\_

HOW LONG EMPLOYED? \_\_\_\_\_

WORK HOURS: \_\_\_\_\_

SS # \_\_\_\_\_

**YOUR SPOUSE**

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_

POSITION: \_\_\_\_\_

SALARY: \_\_\_\_\_

**WORK HISTORY**

Date (From/To)	Employer/Address	Position & Salary	Reason for Leaving (State specific reason)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**INFORMATION REGARDING YOUR CLAIM**

Type of Discrimination:

- |  |   |  |
|--|---|--|
| <input type="radio"/> Race/National Origin | <input type="radio"/> Age                 | <input type="radio"/> Sexual Harassment  |
| <input type="radio"/> Marital Status       | <input type="radio"/> Religion            | <input type="radio"/> Pregnancy          |
| <input type="radio"/> Retaliation          | <input type="radio"/> Disability/Handicap | <input type="radio"/> Sexual Orientation |
| <input type="radio"/> Whistle Blower       | <input type="radio"/> Sex (Gender)        | <input type="radio"/> Other              |

EMPLOYER (Company) that you believe discriminated against you or treated you wrongly:

\_\_\_\_\_

Date you were first employed with this employer: \_\_\_\_\_

Date your employment with this employer ended: \_\_\_\_\_

Date you were first discriminated or retaliated against: \_\_\_\_\_

Date of last act of discrimination or retaliation against you: \_\_\_\_\_

Your job position(s) while employed with this employer:

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Number of people employed by this employer \_\_\_\_\_

Name of supervisor or other person(s) whom you believe mistreated you or discriminated against:

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Did/does this employer evaluate your job performance in writing? \_\_\_\_\_

If so, what rating(s) did you receive? \_\_\_\_\_

If you are no longer with this employer, did you resign or were you fired? \_\_\_\_\_  
If you were fired, state the reason given by your employer. If resigned, state the reason you gave to your employer:

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Have you or did you receive any awards or other special recognition from this employer? \_\_\_\_\_

If so, describe the awards or recognition and state the date you received it. \_\_\_\_\_

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Were you ever reprimanded (verbal, written, suspension, demotion, etc.) by this employer? \_\_\_\_\_

If so, describe each incident of reprimand, including the date it occurred.

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Was/is your job performance or job behavior criticized by this employer or any of your supervisors or coworkers? \_\_\_\_\_ If so, describe each criticism in detail.

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Do you know of other employees who have committed or been accused of the same behavior as you who were treated differently by your employer (ie, not reprimanded like you were)? \_\_\_\_\_ If so, give complete details regarding each employee including name, date, what the employee did, and what the employer did.

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In your own opinion, why were you treated differently by this employer?

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Did you tell any supervisor, manager or company official that you believed that you were being discriminated against? \_\_\_\_\_

If so, what did you say to whom did you say it and when? What was said or done in response to your allegations of discrimination? Did you ever suffer any form of retaliation for your allegations of discrimination? If so, please state the full circumstances of the retaliation.

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Did you complete a job application and/or resume for this employer? \_\_\_\_\_

If so, was ALL information in that application or resume truthful? \_\_\_\_\_

If not, provide details or any information that was inaccurate, incomplete, or untrue.

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## GENERAL INFORMATION

Answer the following questions to the best of your ability. If your answer to ANY question is YES, please explain in the space provided below the questions.

	<b>YES</b>	<b>NO</b>
Have you previously hired or consulted with a lawyer concerning this problem?	<input type="radio"/>	<input type="radio"/>
Have you previously claimed that any person, business, or employer has discriminated against you?	<input type="radio"/>	<input type="radio"/>
Have you participated in grievance proceedings?	<input type="radio"/>	<input type="radio"/>
Have you ever filed a formal or informal claim of discrimination with regard to any employer with any administrative agency such as the Equal Employment Opportunity Commission or the State Division of Human Rights or any court?	<input type="radio"/>	<input type="radio"/>
Have you ever been diagnosed with a mental illness or disability?	<input type="radio"/>	<input type="radio"/>
Have you ever been hospitalized or confined for mental illness or disability?	<input type="radio"/>	<input type="radio"/>
Do you suffer from serious physical illness or disability?	<input type="radio"/>	<input type="radio"/>
Have you ever been declared totally or partially disabled?	<input type="radio"/>	<input type="radio"/>
Are you receiving disability, social security, AFDC (food stamps or "Welfare" checks) or other social assistance?	<input type="radio"/>	<input type="radio"/>
To your knowledge, have you received any bad or negative employment references from the employer that you believe discriminated against you?	<input type="radio"/>	<input type="radio"/>
Have you given any verbal, written or recorded statements to any person regarding this claim??	<input type="radio"/>	<input type="radio"/>

How did you learn of Bergstein & Ullrich, LLP?

Referral: (Name)\_\_\_\_\_

Bar Association Referral Service \_\_\_\_\_

Bar Association Website \_\_\_\_\_

Internet

Our website \_\_\_\_\_

Other \_\_\_\_\_

Print Ad

Times Herald Record \_\_\_\_\_

Other \_\_\_\_\_

**Thank you for taking the time to complete this Questionnaire. Please return it to our office for review, after which we shall contact you.**