



UNEMPLOYMENT QUESTIONNAIRE

Name: \_\_\_\_\_  
Last First Maiden

Address: \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Education/Training:  High School  College  Trade School  Graduate

Emergency Contact: \_\_\_\_\_  
Name Relationship Phone Number

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip

Type of Business: \_\_\_\_\_

Company Size:  Less than 15  15-50  51-100  101-200  201-500  
 500 or more

Department/Division you worked: \_\_\_\_\_ Your Title: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Have you signed any severance agreement/separation agreement or package?  Yes  No

Have you been presented with any severance agreement/separation agreement or package but have **not** signed?  Yes  No

Do you believe you were discriminated against/treated unfairly based upon:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Sex             | <input type="checkbox"/> Religion       |
| <input type="checkbox"/> Race              | <input type="checkbox"/> National Origin | <input type="checkbox"/> Disability     |
| <input type="checkbox"/> Color             | <input type="checkbox"/> Age             | <input type="checkbox"/> Marital Status |

- Sexual Orientation
- Equal Pay Act

- Retaliation
- Because I brought to attention of my employer illegal acts

- FMLA
- Because I refused to engage in illegal acts

Other:

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Adjustor: \_\_\_\_\_

Claim No. \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Policy No. \_\_\_\_\_

Date Hired: \_\_\_\_\_

Date last worked: \_\_\_\_\_

Did you resign, Quit, or get terminated?  Resigned  Quit  Terminated

What were your job duties?

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What was your rate of pay? \_\_\_\_\_

Did you have a written contract for employment with this employer?  Yes  No

Were you a member of the union while employed by this employer?  Yes  No

How many full-time employees at the workplace? \_\_\_\_\_

Was your termination voluntary?  Yes  No

Do you think you were wrongfully terminated?  Yes  No

Private Health Carrier (if any)  Yes  No

Policy No.: \_\_\_\_\_

Carrier: \_\_\_\_\_

Union Membership?  Yes  No

Union Name: \_\_\_\_\_

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**Describe your situation, including any relevant dates:**

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**Have you made a complaint about your situation to any governmental agency?**  Yes  No

If yes, please supply the name of the agency, the date, you made the complaint, and the final result, if any of your complaint:

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**Are there other people involved?**  Yes  No

If yes, please supply their name and address (if known) and their relationship to you, if any:

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**Do you have any documents that could help explain your situation?**  Yes  No

If yes, please list those documents and their dates:

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**Are there other documents that you do not have access to that could be of assistance?**

Yes  No

If yes, please list those documents and their dates and locations (if known):

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**Describe how this situation has impacted you:**

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**What reasons, if any, were given for the action taken against you?**

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How did you hear about us? \_\_\_\_\_

**Urgency:**

1 (just investigating my rights)     2     3     4     5(Critically Important)

**Desired Outcome:**

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**Acceptable Outcome:**

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**Office Use Only**

Date of Determination Order/Notice of Closure: \_\_\_\_\_

Date of Reconsideration Order: \_\_\_\_\_

Date of Denial Order: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

Lien Items:

- Social Security Disability
- Child Support Liens
- Unemployment Benefits
- Welfare Assistance
- Private Health Carrier
- Medicaid/Medicare