



THE POLIQUIN FIRM, LLC.

Ronald G. Poliquin, Esq. Attorney at law
1475 S. Governors Ave.
Dover, Delaware 19904
Phone (302)-702-5501, Fax (302)-213-0042
Email Ron@PoliquinFirm.com
WWW.DOVERLAWOFFICE.COM

PROSPECTIVE EMPLOYMENT CASE CLIENT QUESTIONNAIRE

Date: _____ Referred by: _____

I. CLIENT CONTACT INFORMATION

Name: _____

Mailing Address: _____

E-Mail Address (do not list e-mail address provided by employer—only list personal e-mail):

Home Telephone Number: _____

Work Telephone Number: _____

May client be contacted at work: _____

Cellular Telephone Number: _____

Fax Number: _____

Other Telephone Numbers: _____

II. CONFLICT INFORMATION

Name of Employer: _____

Name of Parent/Subsidiary/Related Corporations: _____

Name of Other Potential Defendants: _____

III. BACKGROUND INFORMATION

Date of Birth: _____ Age: _____

Gender: _____ Sexual Orientation: _____

Race: _____

Religion: _____

Disability: _____

Employer's type of business: _____

Employer's number of employees: _____

Date of Hire: _____ Position held: _____

Did you have a written contract of employment (If yes, attach a copy): _____

Salary: _____ Bonus: _____

Describe your job duties: _____

Promotions: _____

Raises: _____

Did you receive overtime (time and a half) for working more than 8 hours in a day or 40 hours in a week?

Did you receive overtime (double time) for working more than 12 hours in a day? _____

Did you receive an unpaid half-hour meal period each day (If not, did you receive an hour of pay for missing the meal period)? _____

Did you receive a paid ten minute rest period for every four hours worked (If not, did you receive an hour of pay for missing the rest period)?

Ever made any complaints of discrimination/harassment: _____

If yes, provide details: _____

Ever made any complaints that employer engaged in illegal activity: _____

If yes, provide details: _____

CASE INFORMATION (Why do you believe you have been treated wrongfully by your employer?):

Do you still work for this employer? _____

If no, when did your employment end? _____

If no, why did your employment end? _____

Is there anything else we should know about your case: _____

PLEASE ATTACH COPIES (**NOT ORIGINALS**) OF ANY DOCUMENTS YOU BELIEVE WE SHOULD REVIEW.