



VARLACK

L E G A L S E R V I C E S

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NEW CLIENT INTAKE – EMPLOYMENT

GENERAL INFORMATION:

1. Name: Today's Date:
2. Date of Birth:
3. Driver's License Number:
4. Case # (If Applicable): State: Exp:
5. Mailing Address:
6. Can we send correspondence to your address?
7. How long have you lived at your present address?
8. Home Phone:
9. Cell Phone:
10. Email:
11. Secondary Contact Name:
12. Secondary Contact Phone Number:
13. Summary Statement of Facts:



TERMS OF EMPLOYMENT:

15. Place of Employment:
16. Work Address:
17. Work Phone:
18. How long have you worked at your current job?
19. Rate of Pay:
20. Are you a member of a union with the employer? If yes, what is the union's name?

21. Are you a party to a contract?

22. Did you received a letter at the time of your hire that set out the terms of your employment? If so, please attach.

23. Did you receive an employee handbook or personnel manual when you were hired or at some time during your employment? If no, does this company use a manual or set of policies?

24. Do you have copies of your performance evaluations? What ratings have you received over the past five years?



DISCRIMINATION/HARRASMENT:

(Only complete this section if you are claiming discrimination/harassment)

25. Do you identify as being LGBTQ+? If so, what is your orientation/ gender identity?

26. What is your race / ethnicity?

27. Do you have any disabilities? If yes, what are they?

28. During what time period of time where you subjected to harassment and/or discrimination?

29. Who is/was harassing and/or discriminating against you? (include names and job titles if known):

30. What happened to you to prompt this complaint? (Be as specific as possible in describing the harassment/ discrimination. Include names, dates, and locations. Try to describe the “who, what, when, where, why and how” of the incidents. Attach extra pages if necessary):



31. Where there any witnesses? (Please provide names and job titles):

32. Are you aware of other employees who have experienced harassment/discrimination by the person committing the acts against you? (Please state names and job titles if known):

33. When/if you were discharged, did you sign a resignation letter, waiver, or release?
If so, please attach a copy.

INJURIES/DAMAGES:

34. Are you currently working?
35. If you are not working, what was the last day you worked?
36. Why did you stop working?

37. Have you filed for workers compensation?
38. Have you seen a doctor or medical professional in relation to injuries sustained on the job? (Physical and mental)
39. What are the nature of your injuries? Please list all physical and mental:



40. Please list all medical professionals you have visited:

<u>Name</u>	<u>Address</u>