



## *Employment Information*

Name of Current Employer: \_\_\_\_\_

Or Name of Former Employer: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Position with company: \_\_\_\_\_

Did you have an employment contract? \_\_\_\_\_ (Please attach)

Length of Employment: \_\_\_\_\_

Former rate pay? \_\_\_\_\_

Were you terminated? \_\_\_\_\_

Reason for Termination: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any documentation or proof? \_\_\_\_\_

What reasons do you suspect were the reasons for termination? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you File for unemployment? \_\_\_\_\_ Status: \_\_\_\_\_

Have you file a complaint with the EEOC Dept.? \_\_\_\_\_

If so, Case No.: \_\_\_\_\_ Status of claim: \_\_\_\_\_

Did you work OT? \_\_\_\_\_ Where you paid the OT? \_\_\_\_\_