

QUESTIONNAIRE (OPTIONAL)

Name (First, Last) _____

Phone (Home, Work, Other) _____

E-Mail _____

Address _____

City _____ State _____ Zip _____

Who was your employer? _____

Date Hired _____

State / County Employed In _____ Union Member? _____

How did your employment end?

I Quit without giving notice

I Quit and gave more than 48 hours notice. Date notice given: _____

I was fired

When was your last day of work? _____ Final Rate of Pay \$ _____

When did you receive your final paycheck? _____

What does your employer owe you? _____

Earning Type: Salary - Hourly – Commission

Comments (for more space, use second page or back of page):