

THE HODGSON LAW FIRM, L.L.C.

3609 SW Pryor Rd
Lee's Summit, MO 64082
www.thehodgsonlawfirm.com

Tel: (816) 600-0117
Mike@thehodgsonlawfirm.com

CONFIDENTIAL QUESTIONNAIRE

Today's Date:	
Referred By:	

Your Personal Information

Name		Phone (H)	
Address	-	Phone (W)	
City/State/Zip		Phone (C)	
Date of Birth		E-mail	
Social Security #		Social Networks	

Information about the Employer who you believe owes unpaid wages or overtime pay

Employer's Name		Phone	
Address		Fax	
City/State/Zip		Website	
County		# Of Employees	

Information about your employment with this Employer

Date of Hire	
Start Date in this Job	
Name of Person Who Hired You	
Job Title	

# Of Employees with this Title	
Describe your primary job duties	
Name of Direct Supervisor	
Did you receive written performance evaluations? If yes, what ratings did you receive?	
During your entire employment were you ever disciplined or written up for any alleged misconduct or performance problems? If yes, explain each incident.	
Date of Last Work (If not terminated)	
Date of Termination	
If you are no longer employed by this employer, did you resign or were you Fired?	
If you were fired, what reason was given by your employer?	
If you resigned, what reason did you give your employer?	
Name of the Person who fired you:	
Have you ever been fired by any other employer? If yes, please state the employer, the reason given for the termination, and the date of termination.	
Do you have a written agreement with your employer to arbitrate any disputes?	

Your hours worked and pay for this Employer during the past 36 months

Please estimate the **total** number of hours you worked per work week for the Employer in the past 36 months and provide your hourly rate/salary for each corresponding time period. In the “Overtime Paid” column, answer either “None,” “Straight,” “Comp,” or “Bonus” to describe whether you received additional pay for hours worked in excess of 40 per workweek:

- “None” means that you received no additional pay for hours worked in excess of 40.
- “Straight” means you only received for straight time pay for hours worked in excess of 40.
- “Comp” means your received comp time but no additional pay for hours worked in excess of 40.
- “Bonus” means you received only a bonus sometime after working overtime.

Time Period	Total Avg. Hrs/Week	Rate/Amount of Pay	Hourly(H) or Salary(S)	Overtime Paid: None, Straight, Comp, or Bonus
Past 0 to 12 Months				
Past 12 to 24 Months				
Past 24 to 36 Months				

Your Employer’s reason(s) for not paying overtime wages

Please explain your Employer’s stated reason(s) for not paying you overtime for hour worked in excess of 40 hours per workweek. Check all that apply.

	You are exempt (Example: A server)
	You are paid a salary
	You are a manager, assistant manager, or supervisor
	You didn’t receive permission or approval to work overtime
	You are an independent contractor
	You didn’t work more than 80 hours in the two week pay period
	You don’t get paid for travel time
	You will get a “bonus” or some extra pay later
	Your employer can’t afford it
	Other Reason Given:

Your Employer's Timekeeping Practices

How does your Employer track or record your work hours? Check all that apply.

	Daily time clock
	Weekly time sheet
	Computer
	No record
Other method(s):	

If you are paid HOURLY, answer the following questions.

When you work less than 40 hours, do you get paid for less than 40 hours?	
When you work over 40 hours, are you paid at time and a half or are you paid straight time? [e.g. If you made \$10 per hour normally, did they pay you \$15 per hour for all hours over 40]	
Are you required to be at your station before your shift starts?	
Are you required to put on safety gear/equipment prior to your shift starting? If yes, are you paid for that time?	
How long does it take to walk from the locker room to your work station?	
Are you allowed to change in and out of your safety gear/equipment at home, and then travel to work?	
Are you a union member? If so, please provide a copy of the most recent collective bargaining agreement.	
Are you ever required to attend company meetings for which you are not paid?	
Do you ever work "off the clock" before or after your paid shift <i>without</i> being paid for it?	
Do you spend any time at work for which you are not paid?	

Do you spend any time working at home or elsewhere away from work for which you are not paid?	
Are you ever given “comp time” instead of overtime?	
Were you ever required to run errands or make deliveries after your shift or on your way to or from work for which you were not paid?	
Do you have Breaks during your shift? If so, are they paid or unpaid	
How long are your breaks?	
How many times per day do you have breaks?	

If you are not paid for your lunch period, then answer the following questions:

Are you required to eat at your desk?						
If not, how long do you take as a lunch break?						
Are your lunches ever interrupted by work demands such as phone calls, questions from co-workers regarding work issues, etc.?						
How often does this happen?		Daily		Weekly		Monthly

If you are paid a SALARY, answer the following questions.

Do you get paid your salary every week regardless of how many hours you worked? [If you work 38 hours in a week, do you get paid the same as if you work 45 hours in a week?]	
Do you spend more than 50% of your work time engaged in non-management work (such as helping customers, answering phones, stocking shelves, cashiering, packing or unpacking shipments, loading or unloading trucks, cleaning, looking up parts)?	
Is your salary ever reduced if you miss work?	
Is your salary ever reduced for disciplinary reasons or to address quality issues?	

In your job, do you do any of the following? Check box for all that apply.

	Supervise two or more full-time employees
	Interview potential new hires?
	Select new hires?
	Set/adjust pay rate?
	Perform job evaluations?
	Set employees' work schedules?
	Discipline Employees?
	Fire Employees?
	Make suggestions and recommendations as to the hiring, firing, or promotion of other employees that are/were given weight?
	Make work assignments?
	Set company policies/practices?

Additional Questions about your pay and your Employer

Did you ever get paid a commission?	
Did you get paid bonuses?	
What was the bonus based on?	
Did you ever get paid additional compensation for overtime when you earned commissions and/or bonuses?	
Did you ever get paid tips?	
Has your Employer been investigated by the Department of Labor in the past 2 years?	

If you are classified as an “Independent Contractor,”

Answer the following questions

Do you receive instructions from your Employer about when, where, and how your work is to be performed?	
Are you permitted to hire a helper or assign your work duties to be performed by someone else?	
Were you hired to complete a specific project or job or are you employed on an at-will basis?	
Do you have a written agreement with your Employer stating that you are an “independent contractor”? If so, please provide us a copy.	
Did you receive training from a more experienced employee or were you required to attend other Employer-sponsored training?	
Are you free to decide the days and hours you wish to work and, even, whether you wish to work at all on a given day?	
Do you operate as an independent business, under a DBA or assumed name certificate, or have federal taxpayer ID number [FEIN]?	
Are you required to perform your work at the Employer’s location or at some other location determined by the Employer?	
Are you required to submit regular oral or written reports to your Employer about the work in progress?	
Are you paid by the job or project, either at a negotiated flat rate or upon submission of a bid?	
Do you have to submit invoices to the Employer in order to receive payment?	
Who pays for your business and travel expenses?	
Does the Employer provide you with necessary equipment and tools [e.g. truck, office, computer, Internet, cell, etc]?	
Did the Employer provide you with a business card identifying you as the Employer’s employee? Please provide us a copy.	

Did the Employer make you sign a non-compete agreement or other restrictive covenant?	
Do you perform services for other individuals or businesses while employed with the Employer?	
Does the Employer use other workers who are classified as “employees” to perform the same or similar duties as you?	

If you are classified as a “Server,”
Answer the following questions

What were you told about your payrate?	
What time does the Restaurant open?	
What time do the openers have to be at work?	
What time does the Restaurant close?	
What time do the closers leave work?	
What type of point-of-sale system is at the restaurant?	
Do you have days you are required to deep clean?	
Do you have meetings on your off days you are required to attend?	
Describe the side work the servers are required to do.	
Does the manager ever say “I don’t pay you to just stand around” or something similar? If so, what have you heard?	

**If you drive a company-vehicle as part of your job,
Answer the following questions**

What type of vehicle is it? <i>Please describe whether it is a car, pickup, truck, etc. If you know the vehicle's weight or gross vehicle weight rating, please list it.</i>	
When you drive the vehicle, do you ever take a trailer with you?	
If so, what kind of trailer is it?	
How often are you required to drive as part of your job duties? (e.g., daily, weekly, etc.)	
Do your job responsibilities ever require you to drive outside the State of Texas? If so, when and how often?	
When you drive, are you transporting inventory or other goods in the vehicle? If so, what and where do they arrive from?	
Has your employer even been the subject of a U.S. Department of Transportation audit or investigation? If so, please explain.	

Current Employment Information

If you were terminated or left your employment, have you found a new job?	
Name of Present Employer	
Phone Number of Present Employer	
Address of Present Employer	
Date you began working at new/present job	
Current Immediate Supervisor	
Current Job Position/Title	
Current Payrate	
Benefits provided by Present Employer	

Chronological Outline

Outline the discriminatory things that were done and when they were done. **Please be as detailed as possible in this section.** This information will help our office determine the facts and merits to determine if a cause of action exists. Also, be advised that should we/you decide to pursue your claim, communications between you and others (including oral communications and written/electronic communications, such as email and social networking communications) may have to be disclosed to the defendant/company. If you are friends with any of the individuals you work(ed) with, you should consider limiting the things you talk about and discuss through email, text message and social networking sites. In other words, you should be cautious in discussing the lawsuit or your claims with your friends, especially if they still work for the defendant.

Supporting Documents

If you have any documents that may either support OR disprove your claim, please attach copies to this form. Please understand that you have a duty to PRESERVE ALL DOCUMENTS AND INFORMATION OF ANY KIND THAT MAY BE RELATED TO YOUR CLAIMS. It is very important that you retain all hard copies and electronic copies of documents and information related to your employment. DO NOT, edit, delete, modify, alter, erase, shred, or otherwise dispose of any such documents and information. This includes emails, memoranda, letters, handwritten notes, voicemails, text messages, copies of policies or handbooks, warnings or discipline, etc. You should also retain copies of any documents provided to you by co-workers, including emails (both “personal” and work-related), comments about superiors, praise of your work, etc. Any modification or destruction of documents and information related to your claims is PROHIBITED and will jeopardize any claim/lawsuit you may have.

Additional Comments:

By signing below, you affirm that you have completed the Intake Questionnaire truthfully and completely and you understand that no attorney-client representation relationship exists between the Firm and you unless and until the Firm and you sign a separate, written representation agreement.

Signature

Date

Please return this completed form ~~undo kwlpi 'dgmny .~~by mail, or e-mail to:

SUBMIT FORM

The Hodgson Law Firm, L.L.C.
3609 SW Pryor Rd
Lee's Summit, MO 64082
Email: mike@thehodgsonlawfirm.com
Phone: 816.600.0117

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