**UNEMPLOYMENT COMPENSATION QUESTIONNAIRE**

Thank you for contacting Albeit Weiker, LLP. To allow us to evaluate your unemployment claim, please complete as much information as you can below. If unsure, leave it blank.

**Please email the completed form to mark@awlawohio.com or fax it to (614) 417-5081. Once returned, we will contact you to schedule your free consultation.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Full Name:** |  | | | | | |
| **Address:** |  | | | | | |
| **DOB:** |  | | | **Telephone:** |  | |
| **Email:** |  | | | |  | |
| **Did you have an employment contract? (Y/N)** | |  | **If so, what was the stated term (duration or length of time)?** | | |  |
| **Have you already filed for unemployment benefits? (Y/N)** | |  | **If so, has a hearing been scheduled? (Y/N)** | | |  |
|  | | | **Date the hearing is scheduled?** | | |  |
| **Yearly salary or hourly wage?** | | |  | | | |
| **Dates employed with this employer?** | | |  | | | |
| **Reason stated by employer for separation?** | | |  | | | |
| **Do you believe this is the real reason?** | | |  | | | |
| **If no, please briefly explain:** | | |  | | | |
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**\*\*REMEMBER TO KEEP FILING YOUR WEEKLY UNEMPLOYMENT CLAIMS**

**REGARDLESS OF THE STATUS OF YOUR UNEMPLOYMENT CASE\*\***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Did you violate a written employment policy which resulted in termination? (Y/N)** | | | | | | |  | | | |
| **If yes, which policy?** | | |  | | | | | | | |
| **Were you warned about the conduct prior to termination? (Y/N)** | | | | | | | | |  | |
| **Other than the reason for termination,** **were you subjected to any disciplinary action during your tenure with the company? (Y/N)** | | | | | | | | |  | |
| **If so, most recent date of disciplinary action?** | |  | | | | **Type of discipline imposed?** | | |  | |
|  | | | | | | | | | | |
| **Were you qualified for the job? (Y/N)** | | | | |  |  | | | | |
| **Were you evaluated? (Y/N)** | | | |  |  | | | | | |
| **Did you receive the evaluations? (Y/N)** |  | | | **If so, how were you rated, roughly (poor/good/excellent)?** | | | |  | | |
| **Most recent evaluation date?** | | | |  |  | | | | | |
| **Were you ever given a performance improvement plan?** **(Y/N)** | | | | |  | | **Date?** | | |  |
| **Given last chance agreement? (Y/N)** | | | | |  | | **Date?** | | |  |

**Please provide any additional information you believe is important for us to know prior to your consultation:**

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|  |

**Thank you for taking the time to complete the questionnaire. This will help us to quickly and accurately evaluate your unemployment claim. We understand that many details will need to be discussed and may not be included on the form. Please bring copies of all relevant contracts, policies and communications with you to the consultation.**

**We are looking forward to meeting you.**