Legal form

**Client information**

Name: {{full\_name}}

Mailing Address: {{address}}

Email Address: {{email}}

Phone Number: {{phone}}

Are you an employee or an applicant?

{{job\_status}}

Did you apply to an available position?

{{applied\_to\_available\_position}}

Have you ever been employed by this employer?

{{worked\_here\_before}}

Starting Date with this Employer: {{start\_date}}

Are you still employed with the employer?

{{still\_employed}}

Last date employed: {{last\_employed\_date}}

Reason for Leaving:

{{leaving\_reason}}

{{leaving\_reason\_description}}

What kind of work do you do?

{{responsibility}}

**Employer information**

{{company\_name}}

{{company\_contact\_name}}

{{company\_address}}

{{company\_phone}}

{{company\_email}}

**Address where you worked**

{{work\_address}}

**Equal pay and opportunities complaint**

{{violation\_description}}

/attachments/

{{resolution\_description}}

**Signature**

By submitting this form, I am confirming th.e information provided is accurate and true.

/ClientSignHere/