INFORMATION SHEET

Please keep us informed of any changes to your contact information

Thomas & Solomon LLP
THE EMPLOYMENT ATTORNEYS

(PLEASE FILL OUT COMPLETELY)

Name _____
First Name Last Name

Address _____

City _____ State___ Zip Code_____

Social Security Number X X X – X X – ☐ ☐ ☐ ☐

Home Phone (_ _ _) - _ _ _ - _ _ _ _

Cell Phone (_ _ _) - _ _ _ - _ _ _ _

E-Mail Address _____

Any personal identification information that you provide to us will not be disclosed and will only be used to protect your interests and the class members in this investigation or any lawsuit.

Please note that, while you provided us with confidential information and are seeking legal advice, our representation of you will start only if / once we enter into a retainer agreement with you to seek payment of unpaid wages and other claims arising out of the applicable wage and hour laws.

Employer: _____
Name

Dates of Employment: __/__/____ __/__/____
Start Date End Date

Employment Location: _____

Job Title: _____

Employer: _____
Name

Dates of Employment: __/__/____ __/__/____
Start Date End Date

Employment Location: _____

Job Title: _____

_____
Signature

_____
Print Full Legal Name

PLEASE RETURN TO

Thomas & Solomon LLP
693 East Avenue
Rochester, New York 14607

If you have any additional questions, feel free to contact the law firm above at
www.theemploymentattorneys.com(Website) info@servicechargeclaims.com (e-mail)
1.877.272.4066 (telephone M-F 8:30A-5:00P ET) 877.272.4088 (facsimile)