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1970 - 2012

ARE YOUR EMPLOYEES ACTING LIKE CHILDREN?

A Parenting Class For Employers

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EMPLOYMENT APPLICATION

GENERAL DATA

Last Name	First Name	Middle Name
Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please specify for purposes of a reference check:		
Present Address	Number	Street
		City
		State
		Zip Code
Years at Above Address	Home Telephone Number	
	()	
Position Applying For	Date of Application	
Full Time or Part Time	Shift or Hours Preferred	
Drivers License Number (if applicable)	Expiration Date	

If employed in the position for which you have applied, would you be in a supervisory or subordinate relationship to any relative of your household? Yes No

PERSONAL DATA

Person to notify in case of an Emergency:	Name	Home Telephone Number
		()
Present Address	Number	Street
		City
		State
		Zip Code
<i>How did you learn of this job opening?</i>		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____
<p>List membership in professional organizations which you feel would enhance your application. You may exclude any whose names would indicate the race, religious creed, color, national origin, or ancestry of its members.</p> <p>_____</p> <p>_____</p>		

If under 18 years of age, can you after employment, submit a work permit? N/A Yes No

Have you ever been convicted of a crime (felony or misdemeanor) OTHER THAN (1) a marijuana-related conviction that occurred more than two years ago; and (2) an offense for which you were referred to, and participated in, any pre-trial or post-trial diversion program? Yes No

If yes, please state the date of conviction, the county and state, and the nature of the offense.

NOTE: An affirmative response to this question will not result in your automatic disqualification for employment.

SKILLS

Typing Speed (wpm):	Shorthand (wpm):
Machines Operated: _____	
Other Training/Skills (include bilingual ability if relevant to the position for which you are applying): _____	
Branch of Military Service:	State Dates: From _____ To _____
State relative skills acquired during military service: _____	

PROFESSIONAL & TECHNICAL APPLICANTS ONLY

Professional License Number:	Expiration Date:	Type of License:	State:
------------------------------	------------------	------------------	--------

Is there any reason why you would be unable to perform or to safely perform any of the duties of the position for which you have applied, as set forth on the job description for that position? Yes No

If "Yes," please explain: _____

EDUCATION

	HIGH SCHOOL	COLLEGE	TRADE, PROFESSIONAL SCHOOL OR OTHER
Name			
Address			
Number of Years			
Course or Major			
Diploma/Degree			

WORK EXPERIENCE

Last/Present Employer	Length of Service (Dates)		Duties Performed
Address	<u>Start</u>	<u>Leave</u>	
Telephone Number(s)			
Supervisor's Name and Position	Hourly Rate/Salary		
Your Job Title	<u>Starting</u>	<u>Final</u>	
Reason For Leaving			
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No (If still employed)			
Employer	Length of Service (Dates)		Duties Performed
Address	<u>Start</u>	<u>Leave</u>	
Telephone Number(s)			
Supervisor's Name and Position	Hourly Rate/Salary		
Your Job Title	<u>Starting</u>	<u>Final</u>	
Reason For Leaving			
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No (If still employed)			
Employer	Length of Service (Dates)		Duties Performed
Address	<u>Start</u>	<u>Leave</u>	
Telephone Number(s)			
Supervisor's Name and Position	Hourly Rate/Salary		
Your Job Title	<u>Starting</u>	<u>Final</u>	
Reason For Leaving			
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No (If still employed)			

APPLICANT'S STATEMENT

I hereby certify that I have been informed of the duties, the hours and days of work of the position for which I am applying, and that the information on this application is correct and complete to the best of my knowledge.

I agree to have any of the statements checked by the Company unless I have indicated to the contrary. Further, I understand that falsification or omission of any material information on this application, if I receive a job offer may be considered sufficient cause for immediate termination. I agree that if employed, I will abide by all policies and procedures established by the employer.

I hereby acknowledge that my employment is "at-will," that I may resign at any time and the Company may terminate my employment at any time, with or without cause, and with or without notice, that any assurances of continued employment, whether written, oral or by conduct, shall not be interpreted as changing the nature of the employment relationship unless specifically acknowledged in writing by the President of the Company.

By:

Signature of Applicant

Date

FOR COMPANY USE ONLY

Interviewed: Yes No

Remarks: _____

Employed: Yes No

Starting Date: _____

Job Title: _____

Salary: _____

Dept: _____

By:

Name and Title

Date

(Revised 11-16-07)

NEW HIRE CHECKLIST

The following items must be signed and contained in every new hire employee packet. If a document does not apply, please write N/A. Please initial that the document has been presented to the employee and signed.

Employment Application (completed, dated and signed by applicant)	(Optional)	_____
Labor Code Section 2810.5 for New Hires	(Mandatory)	_____
Post-Hire Employee Data Sheet	(Optional)	_____
Federal Form W-4 - Employee Withholding Allowance	(Mandatory)	_____
California State Form DE-4 Employees Withholding Allowance Certificate	(Mandatory)	_____
I-9 Form - (completed by applicant and company representative)	(Mandatory)	_____
Voluntary Information Form	(Optional)	_____
Authorization to obtain Investigative Report	(Optional)	_____
Notification of Request for Investigative Consumer Report	(Optional)	_____
Workers' Compensation Benefits Statement and Physician Election Form (English and Spanish/Acknowledgment)	(Mandatory)	_____
State Disability Insurance Booklet-DE 2515 (English/Spanish)	(Mandatory)	_____
EDD For Your Benefit Booklet-DE 2320 (English)	(Mandatory)	_____
Family Care and Medical Leave and Pregnancy Disability Leave (DFEH Notice B) (State)	(Optional)	_____
Family and Medical Leave Act of 1993 (Federal)	(Optional)	_____
California Paid Family Leave-DE2511 (English and Spanish)	(Mandatory)	_____
Department of Fair Employment and Housing Sexual Harassment Pamphlet (English and Spanish)	(Mandatory)	_____
Employee Relations Policy with Acknowledgment (English & Spanish)	(Mandatory)	_____
Company's Drug and Alcohol Policy with Acknowledgment	(Optional)	_____
Sample Meal and Rest Period Policy (After Brinker Decision)	(Optional)	_____
Sample Timesheet	(Optional)	_____
Employee Handbook (Company handbook)	(Optional)	_____
Employee Statement Re: Acknowledgment of Receipt of Handbook	(Optional)	_____
Insurance Premium Authorization	(Optional)	_____
Unearned Vacation Agreement	(Optional)	_____
Supplies/Uniform Cost Authorization	(Optional)	_____
Acknowledgment of Receipt of Mandatory Documents	(Optional)	_____

Date: _____

By: _____
Supervisor's Signature

Date: _____

By: _____
Employee Signature

POST-HIRE EMPLOYEE DATA SHEET

Personal Information:

Name: _____

Address: _____

Phone No.: _____ Date of Birth: _____

Social Security No.: _____

Name of Whom to Contact in Emergency: (Name) _____

(Phone) _____

The following information may be obtained if there is a business need for such information, e.g., health benefits:

Marital Status: _____

Spouse's Name: _____ Date of Birth: _____

List of Dependents:

Name	Relationship	SSN	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date of Hire: _____ Rate of Pay: _____

Benefits Arrangements:

Vacation: _____ Sick Days _____

Insurance: _____

Review Date: _____

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POSSESSION AND USE OF DRUGS AND ALCOHOL

The Company recognizes the employees' right to privacy; however, the Company is committed to providing a safe, efficient and productive work environment for all employees. In keeping with this commitment, employees and job applicants may be asked to undergo a drug/alcohol screening to determine the use of such substances. To further promote this goal, the Company will not tolerate the possession of or use of alcohol or drugs while on the Company's premises or time. Employees are required to report to work in appropriate mental and physical condition to perform their jobs in a satisfactory manner.

While on the Company's premises and while conducting Company related business activities which may occur off the Company's premises, no employee shall use, possess, distribute, sell or be under the influence of alcohol or drugs (except for the use of physician prescribed medication when the employee's supervisor has been advised of such prescribed use). The legal use of prescribed drugs is permitted on the job only if it does not impair an employee's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace.

Drug and alcohol tests may be conducted in any of the following situations:

POST OFFER: As a pre-qualification to assuming any position, prospective employees may be required to submit to a drug/alcohol test.

POST-ACCIDENT: Any current employee who is involved in an incident or accident while on duty, whether on or off the Company's premises, may be required to undergo a drug/alcohol test.

FITNESS FOR DUTY: This test may be required if significant and observable changes in an employee’s performance, appearance, behavior, speech, etc. provides reasonable suspicion and probable cause to believe that the employee is under the influence of drugs or alcohol while on the Company’s time or premises which could result in injury to the employee or fellow employees, or subject the Company to legal exposure, or public embarrassment, the Company may require the employee to submit to a drug test.

“Probable cause” shall exist when an employee’s ability to perform their job duties is impaired. “Impaired” means that the employee’s motor senses or judgment are or may be affected. Probable cause shall also exist if an employee is involved in either a job-related accident or violation of a safety rule or standard, which did or could have resulted in serious injury or property damage.

Positive results will result in discipline, including discharge. The employee may be offered the opportunity to participate in a rehabilitation program.

**POSSESSION AND USE OF DRUGS AND
ALCOHOL ACKNOWLEDGMENT FORM**

I have read and received a copy of the Company’s Possession and Use of Drugs and Alcohol policy and fully understand my obligations and responsibilities as outlined therein.

Signed: _____ Date: _____

Witness: _____ Date: _____

ORIENTATION PERIOD

The first ninety (90) days of employment is considered the "Orientation Period" where we can evaluate your job performance and attitude, and to determine your eligibility for a pay increase and for the position for which you were hired. There is no vacation time granted during the Orientation Period. Although a job performance evaluation generally follows the Orientation Period, this does not guarantee a salary review or increase at that time. Any employee whose employment terminates during this period shall not receive any pro-rated vacation benefits at the time of termination. The Company reserves the right to extend the "Orientation Period" for up to an additional three (3) months for any employee who the Company feels can be successful with some additional training, but who has not successfully completed the first 90-day Orientation Period. Employees may be terminated at any time during this period, with or without cause.

RULES OF DISCIPLINE

1. **FAIRNESS.** Ask yourself the following question: Is it fair to discipline this employee based upon the quality and quantity of the facts before you?

2. **CONSISTENCY.** In the past has the Company imposed the same discipline in similar situations?

3. **UNIFORMITY.** The Company has an employee handbook, so employees know what is to be expected of them and what the Market provides for them for benefits. As a supervisor you must promote the understanding of such policies to each employee.

Examples: Excessive absenteeism.
Insubordination.

4. **HONESTY.** During discipline it is essential that you are candid and direct with the employee regarding performance and performance appraisals. Never tell any employee they are being laid off when performance is the real issue.

5. **BE OBJECTIVE.** To demonstrate validity and legality of actions.

6. **FOLLOW RULES 1, 2, 3, 4 and 5.** Be in a position to demonstrate all of the above. Imagine yourself in the witness chair. This is what you want to portray to the judge or the jury.

REGLAS DE DISCIPLINA

IMPARCIALIDAD. Pregúntese a sí mismo la siguiente pregunta: ¿Es justo disciplinar a este empleado basado en la calidad y la cantidad de hechos que usted está considerando?

CONSISTENCIA. ¿En el pasado, ha impuesto el Mercado la misma disciplina en situaciones similares?

UNIFORMIDAD. El Mercado tiene un manual para empleados para que los empleados sepan lo que se espera de ellos y lo que el Mercado les ofrece en forma de beneficios. Como supervisor, usted debe promover el entendimiento de esas pólizas con cada empleado.

Ejemplos: Faltas excesivas
Insubordinación

HONESTIDAD. Durante la disciplina, es esencial que usted sea franco y directo con el empleado con respecto al rendimiento de trabajo del empleado y la evaluación de ese rendimiento. Nunca le diga a un empleado que se le esta dando "lay off," cuando la verdadera razón es la calidad o el rendimiento de trabajo del empleado.

SEA OBJETIVO. Para demostrar validez y legalidad de acción.

SIGA LAS REGLAS 1, 2, 3, 4 y 5. Póngase en la posición de poder demostrar todas las reglas de arriba. Imagínese que usted esta atestiguando. Estas reglas es lo que usted quiere poder demostrar a un juez o a un jurado.

Record of Supervisory Discussion

.....
Employee Name

.....
Position

.....
Dept

.....
Supervisor

.....
Date of occurrence

Describe the problem:

Frequency of the problem: 1st time 2nd time 3rd time more than 3 times

Describe employee's response:

Action taken: Discussion only Verbal reprimand Written reprimand
 Suspension: _____ days Discharge

Explain reason for action taken:

Further action(s) of a similar nature will result in additional disciplinary action up to and including termination of employment.

.....
Supervisor's signature

.....
Date

.....
2nd level Supervisor's signature

.....
Date

I have read and received a copy of this memo.

.....
Employee's signature

.....
Date

Record of Disciplinary Action

Employee Name

Position

Dept.

Supervisor

Date of occurrence

Describe the problem:

Frequency of the problem: 1st time 2nd time 3rd time More than 3 times

Describe employee's response:

Action taken: Written reprimand Suspension: _____ days Discharge

Explain reason for action taken:

Further action(s) of a similar nature will result in additional disciplinary action up to and including termination of employment.

Supervisor's signature

Date

2nd Level Supervisor's signature

Date

I have read and received a copy of this memo.

Employee's signature

Date

PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE

DISCRIMINATION ALLEGATION/EVENT REPORTING FORM

TO: Alfred J. Landegger, Esq.

FAX NO. (818) 986-5147

COMPANY: LANDEGGER BARON LAW GROUP

FROM: _____

DATE: _____

CC: _____

This form must be completed by the Branch Manager, Supervisor or by the corporate Human Resource Department no later than the next business day after any allegation of harassment or discrimination in the workplace.

1 Please complete the attached First Report of Event or Circumstance. When interviewing the employee, do not feel compelled to ask the questions in the same order. Feel free to ask additional questions. Always be a good listener and take accurate notes. Never label the behavior, statement or allegation as “sexual harassment” or “discrimination”. Document the words used by employee. No further investigation is to take place until instructed to do so by _____ and Landegger Baron Law Group;

2 Attach a copy of the personnel file of the employee making the allegation of harassment or discrimination; and

3 Attach the personnel file of the employee(s) against whom the allegation of harassment or discrimination has been made.

If you have any questions concerning this Discrimination Allegation/Event Reporting Form, or the attached First Report of Event or Circumstance, please contact Alfred J. Landegger, Esq. at (818) 986-7561.

FIRST REPORT OF EVENT OR CIRCUMSTANCE

Date: _____

1. Name of Employee Being Interviewed: _____

2. Name of Interviewer: _____

3. Name Facility or Location: _____

4. Tell Me What Happened: _____

5. Who was involved? _____

6. When did the incident(s) happen? _____

7. Where did the incident(s) happen? _____

8. Were there any other incident(s)? _____

9. How did this incident make you feel? _____

10. Was your work affected? _____

11. Was this the first time this had happened? _____

(NOTE: Attach additional documentation as necessary.)

FIRST REPORT OF EVENT OR CIRCUMSTANCE

Page 3

12. Were there any previous incidents of inappropriate behavior? _____

13. Have you kept any records, such as written notes, tape recordings or anything else?

(If so, please attach.)

14. Do you know of any other employee(s) who had similar experiences? _____
Who: _____
When: _____

15. Have you discussed this with anyone at work? _____
Who: _____
When: _____

16. Have you discussed this with anyone outside of work? _____
Who: _____
When: _____

17. Did you participate in the incident? _____

(NOTE: Attach additional documentation as necessary.)

FIRST REPORT OF EVENT OR CIRCUMSTANCE

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18. If yes, tell me how you participated: _____

19. How would you describe your relationship with the employee about whom you are complaining? _____

20. Are there any other issues we should discuss? _____

21. Were any other facts or other information that you think I should know? _____

22. Who do you think I should talk to? _____

(NOTE: Attach additional documentation as necessary.)

FIRST REPORT OF EVENT OR CIRCUMSTANCE

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23. Do you have any suggestions as to how best to resolve the situation? _____

Type/Print Name of Person
Conducting Interview

Signature of Person Conducting Interview

Date: _____

(NOTE: Attach additional documentation as necessary.)

**PRE-TERMINATION OF EMPLOYMENT
CONSULTATION FORM**

To: LANDEGGER BARON LAW GROUP
A Law Corporation
15760 Ventura Boulevard
Suite 1200
Encino, California 91436
(818) 986-7561
www.landeggeresq.com

Send: By Facsimile to (818) 986-5147 or
By e-mail to alfred@landeggeresq.com

From: Name of Company: _____
Contact Person: _____
Phone Number: _____
Address: _____

Date: _____

This communication, including all attachments, is protected by the attorney client privilege and/or work product doctrine. The purpose of this communication is to seek a preliminary legal opinion concerning the potential termination of an employee.

PRE-TERMINATION OF EMPLOYMENT CONSULTATION FORM

1. Name of Employee: _____

2. Date of Hire: _____

3. Current Position: _____

4. Rate of Pay: _____

5. State in detail the reason that you wish to terminate this employee:

6. Do you think that this Employee is likely to file a legal claim? If so, why?

7. Is the employee in any protected class? Please identify each applicable category and provide as much detail as is available.

Age (over 40): _____

Race: _____

Color: _____

National Origin: _____

Religion: _____

Sex: _____

Physical or Mental Disability: _____

HIV/AIDS: _____

Sexual Orientation: _____

Gender Identity: _____

Medical Condition (*cancer or genetic characteristics*): _____

Pregnancy Disability: _____

Marital Status: _____

PRE-TERMINATION OF EMPLOYMENT CONSULTATION FORM

8. Has the employee reported a work-related injury or have a record of a Workers Compensation claim?

Yes: _____ No: _____

If yes, please attach available documents including DWC 1 Forms and doctor's notes.

9. Has the employee requested or taken time off for medical reasons, military, Pregnancy Disability Leave or Family and Medical Care Leave?

Yes: _____ No: _____

If yes, please attach available documents including LOA forms and doctor's notes.

10. Has the employee received prior verbal or written counseling?

If so, please attach.

Yes: _____ No: _____

11. Has the employee violated a written rule or policy contained in your employee handbook? *If so, please attach a copy of the policy.*

Yes: _____ No: _____

12. Do you have an oral or written agreement with the employee concerning any term or condition of employment?

Yes: _____ No: _____

13. Do you have a formal or informal progressive discipline policy?

If so, please attach or describe.

Yes: _____ No: _____

14. Are there any additional facts or factors that are relevant to this proposed termination?

Yes: _____ No: _____

Please state the additional facts or factors.

15. Have you considered a Final Written Warning, demotion, transfer or further training? If not, why? _____

PRE-TERMINATION OF EMPLOYMENT CONSULTATION FORM

16. What type of discipline has been imposed on other employees involved in similar circumstance(s)? _____

I agree to the above terms and conditions and verify all of the above information is accurate and complete.

[Signature of person sending form]