

**Santa Clara County Bar Association
Lawyer Referral Service**

Name: _____ Telephone: _____

Office Address: _____
(Zip code)

EXPERIENCE STATEMENT - LABOR RELATIONS

Within the last five years I have handled (been personally responsible for) the following matters which demonstrates in my judgment that I meet or exceed the minimum experience qualifications as specified below.

LABOR RELATIONS QUALIFICATIONS

WAGES AND BENEFITS:

1. UNEMPLOYMENT: 1 contested hearing and 3 hour course
2. LABOR COMMISSION: 2 contested hearings and 3 hour course
3. ERISA: 5 matters or 1 matter and 6 hour course
4. OSHA: 1 matter and 3 hour course

PUBLIC SECTOR EMPLOYMENT:

1. FEDERAL EMPLOYEES: 3 matters and 3 hour course
2. STATE EMPLOYEES: 3 matters and 3 hour course

DISCRIMINATION:

1. 6 matters and 6 hour course

WRONGFUL TERMINATION:

1. 6 matters and 6 hour course

Identification: If matter is on public record, identify court or agency and give file number, if office matter only, give office designation but omit client's name.

Date: Give month and year the required experience was completed in the matter.

WAGES AND BENEFITS

1. **UNEMPLOYMENT:** (identification and date)

First Matter: _____ Date: _____

Course: _____ Date: _____

Offered By: _____

2. **LABOR COMMISSION:**

First Matter: _____ Date: _____

Second Matter: _____ Date: _____

Course: _____ Date: _____

Offered By: _____

3. **ERISA:**

First Matter: _____ Date: _____

Second Matter: _____ Date: _____

Third Matter: _____ Date: _____

Fourth Matter: _____ Date: _____

Fifth Matter: _____ Date: _____

Course: _____ Date: _____

Offered By: _____

4. **OSHA:**

First Matter: _____ Date: _____

Course: _____ Date: _____

Offered By: _____

PUBLIC SECTOR EMPLOYMENT

1. **FEDERAL EMPLOYEES:**

First Matter: _____ Date: _____

Second Matter: _____ Date: _____

Third Matter: _____ Date: _____

Course: _____ Date: _____

Offered By: _____ Date: _____

2. **STATE EMPLOYEES:**

First Matter: _____ Date: _____

Second Matter: _____ Date: _____

Third Matter: _____ Date: _____

Course: _____ Date: _____

Offered By: _____

3. **DISCRIMINATION:**

First Matter: _____ Date: _____

Second Matter: _____ Date: _____

Third Matter: _____ Date: _____

Fourth Matter: _____ Date: _____

Fifth Matter: _____ Date: _____

Sixth Matter: _____ Date: _____

Course: _____ Date: _____

Offered By: _____

WRONGFUL TERMINATION:

First Matter: _____ Date: _____

Second Matter: _____ Date: _____

Third Matter: _____ Date: _____

Fouth Matter: _____ Date: _____

Fifth Matter: _____ Date: _____

Sixth Matter: _____ Date: _____

Course Matter: _____ Date: _____

Offered By: _____

I submit the above information in support of my application for panel membership in the Lawyer Referral Service, I agree to cooperate with the Service in facilitating reasonable verification thereof and otherwise reviewing my qualifications for the Labor Relations panels under the Rules; and I further declare under penalty of perjury that the foregoing is true and correct in all respects.

Date

Signature of Applicant