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: ____________________

Fourth 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