



**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION  
New York District Office**

**CLAIM FORM**

**In the Matter of Equal Employment Opportunity Commission v. SPS Temporaries, Inc., Professional Personnel Management Corporation, Jamestown Container Lockport, Inc., doing business as Jamestown Container Companies, Jamestown Container Corp., doing business as Jamestown Container Companies, and Whiting Door Corp. (04-CV-0052)**

*\*\* - This form must be fully completed and postmarked by **April 1, 2006** to be considered for a monetary award. - \*\**

INSTRUCTIONS: Please answer each question to the best of your ability. Do not leave any questions blank. Instead, indicate "don't know" or "N/A" (not applicable) where appropriate. Please give exact or approximate dates where requested. You must complete the entire form to be considered for a monetary award. After you have completed this entire form, please sign and date the Certification section at the end of the Form. Please write clearly and use the back of the form or submit additional pages as necessary.

*Please note: Your answers to the questions on this Claim Form are made under penalty of perjury.*

**BACKGROUND/CONTACT INFORMATION**

1. Name \_\_\_\_\_

Any other names used from 1999 to present \_\_\_\_\_

\_\_\_\_\_

2. Social Security # (needed for tax reporting purposes) \_\_\_\_\_

3. National Origin (your country of birth if born outside the U.S. or if you were born in the U.S., your ancestors' country of birth)

\_\_\_\_\_

4. Sex: \_\_\_\_\_ male \_\_\_\_\_ female

5. Race \_\_\_\_\_ Black \_\_\_\_\_ White \_\_\_\_\_ Asian-Pacific Islander  
\_\_\_\_\_ Hispanic \_\_\_\_\_ Native American \_\_\_\_\_ Middle Eastern-Arab  
\_\_\_\_\_ Other

6. Date of birth \_\_\_\_\_

7. Do you have a disability when you applied to SPS Temporaries? If yes, please identify and describe your condition(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

9. Phone Numbers

Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Pager \_\_\_\_\_

Fax \_\_\_\_\_ Other \_\_\_\_\_

10. Email address \_\_\_\_\_

11. What is best way to contact you? \_\_\_\_\_

12. What is best time of day to contact you? \_\_\_\_\_

13. Back-up/Emergency Contact - Who can we contact if we are unable to reach you?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to you: \_\_\_\_\_

14. How did you learn of the claims process in this case (e.g., notice in newspaper, radio ad)

\_\_\_\_\_

**INFORMATION REGARDING EMPLOYMENT WITH SPS TEMPORARIES, INC.**

15. Did you apply for temporary employment with SPS Temporaries, Inc. between January 1, 1999 and November 22, 2005? (circle appropriate response)

YES                      NO

**If you answered "NO" please skip to question 23.**

16. In connection with your application for employment, were you required to provide any information regarding any disabilities you might have or regarding conditions that might be considered a disability? If yes, please state what information you provided during the application process. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. How many times did you apply for temporary employment with SPS Temporaries, Inc. between January 1, 1999 and November 22, 2005? \_\_\_\_\_

18. For each time you applied for temporary employment with SPS Temporaries, Inc., please specify the date when you applied and the specific SPS location at which you applied.

DATE \_\_\_\_\_ LOCATION \_\_\_\_\_

DATE \_\_\_\_\_ LOCATION \_\_\_\_\_

DATE \_\_\_\_\_ LOCATION \_\_\_\_\_

DATE \_\_\_\_\_ LOCATION \_\_\_\_\_

19. Were you sent on any temporary work assignments by SPS Temporaries, Inc. between January 1, 1999 and November 22, 2005? If yes, how many?

\_\_\_\_\_

20. Please provide the following information for each temporary work assignment you were sent on by SPS Temporaries, Inc. between January 1, 1999 and November 22, 2005:

a. First Temporary Work Assignment

Dates of Assignment (start and end dates) \_\_\_\_\_

Employer you were assigned to \_\_\_\_\_

Wages earned during the assignment \_\_\_\_\_

b. Second Temporary Work Assignment

Dates of Assignment (start and end dates) \_\_\_\_\_

Employer you were assigned to \_\_\_\_\_

Wages earned during the assignment \_\_\_\_\_

c. Third Temporary Work Assignment

Dates of Assignment (start and end dates) \_\_\_\_\_

Employer you were assigned to \_\_\_\_\_

Wages earned during the assignment \_\_\_\_\_

**(please use the back of this form or additional pages if you need more space)**

21. Did you ever ask SPS Temporaries, Inc. to place you on a temporary work assignment with a specific company and have SPS Temporaries, Inc. deny your request? If yes, please provide the date of the request, the company you asked to work for, the reason SPS Temporaries, Inc. gave you for the denial, and other information relevant to your request.

\_\_\_\_\_

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22. After you completed the application process with SPS Temporaries, Inc. did you ever contact SPS Temporaries, Inc. to ask if they had an assignment for you? If yes, please indicate how many times you contacted them and the response(s) you received from them.

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23. Did you ever attempt to apply for temporary employment with SPS Temporaries, Inc. between January 1, 1999 and November 22, 2005, but were discouraged from doing so or not permitted to do so by an employee of SPS Temporaries, Inc.? If yes, please identify when you attempted to apply and describe exactly what occurred.

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24. Please list any documents you have regarding your temporary employment with SPS Temporaries, Inc. (e.g., application form, pay stubs, tax forms, or any other documents that show that you applied for and/or fulfilled on temporary assignments with SPS Temporaries, Inc.). **PLEASE INCLUDE A COPY OF ALL DOCUMENTS WHEN YOU SUBMIT THIS CLAIM FORM.**

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25. If you applied for temporary work assignments with SPS Temporaries, Inc. and were not sent on any assignments, do you believe that had anything to do with your (check all that apply):

\_\_\_\_\_ race

\_\_\_\_\_ sex

\_\_\_\_\_ national origin

\_\_\_\_\_ age

\_\_\_\_\_ disability status

If you checked any of the above, please explain why.

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**JOB HISTORY FROM 1999 TO PRESENT**

26. Provide your job history from January 1, 1999 to the present (including your current employment) in chronological order.

a. Name of Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer Phone \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Your Position \_\_\_\_\_

b. Name of Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer Phone \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Your Position \_\_\_\_\_

c. Name of Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_  
\_\_\_\_\_

Employer Phone \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Your Position \_\_\_\_\_

**(please use the back of this form or additional pages to list additional jobs)**

27. If you were not employed or were not seeking employment for any period of time between 1999 and the present, please explain why.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

I declare under penalty of perjury that the foregoing is true and correct.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Before you mail in this Claim Form, please make sure you:

1. **Answered all questions to the best of your ability;**
2. **Included copies of all requested documents that you have;**
3. **Signed and dated your Claim Form.**

Please mail this form **by April 1, 2006** with appropriate postage to:

**EEOC v. SPS Temporaries, Inc.  
Settlement Administrator  
P.O. Box 1939  
Burnsville, MN 55337-1939**