

## Claim Form

**CLASS PROCEEDING AGAINST FORD MOTOR COMPANY OF CANADA, LIMITED  
("FORD CANADA") RE: OAKVILLE ASSEMBLY COMPLEX THIRD WORK SHIFT**

**PLEASE SEND THIS COMPLETED CLAIM FORM by mail, fax or courier to National Class Action Services (Canada) Inc., 3230 Yonge Street, Suite 200, Toronto, Ontario, Canada, M4N 3P6 by no later than March 23, 2012.**

**IMPORTANT NOTE:** If your claim form is not submitted on time, you will lose your right to make a claim for additional compensation under the settlement.

### **CLASS MEMBER INFORMATION**

Please answer all of the questions. Add extra pages if you require more space.

NAME	
ADDRESS	
CITY	
PROVINCE	
POSTAL CODE	
BIRTH DATE (y/m/d)	
HOME TELEPHONE NUMBER	
WORK TELEPHONE NUMBER	
MOBILE TELEPHONE NUMBER	
E-MAIL ADDRESS	

### **QUESTIONS**

1. Were you employed at the time you had received an employment offer from Ford Canada for the Third Work Shift at the Oakville Assembly Complex?

YES

NO

- 2. If you were employed at the time you received the Ford employment offer, provide the name, address and contact information of your previous employer and attach any available proof that you were so employed.

Name of previous employer: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

- 3. How long were you employed with your previous employer? \_\_\_\_\_

- 4. What was your start date (d/m/y)? \_\_\_\_\_

- 5. What was your salary with your previous employer? \$\_\_\_\_\_

- 6. What other employment benefits did you receive when employed with your previous employer?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Did you resign or withdraw from your previous employment after receiving the Ford employment offer?

YES

NO

8. If the answer to #7 above is “yes”, please provide and attach any documentary or other proof of your resignation or withdrawal from your previous employment.

9. If the answer to #7 above is “yes”, indicate the date that you stopped receiving payment from your previous employment (what was the last date that you received payment for)? \_\_\_\_\_

10. After you were notified by Ford Canada that the Third Work Shift would not be implemented, did you attempt to secure your previous employment position/get your old job back?

YES

NO

11. If yes, were you successful in securing your previous employment position/getting your old job back?

YES

NO

12. If yes, did you suffer a loss of tenure, priority or other rights with your previous employer?

YES

NO

Please describe:

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13. If you were not successful in securing your previous employment position/getting your old job back, did you search for work elsewhere?

YES

NO

14. If yes, was there a time period that you were off work and unemployed?

YES

NO

If yes, how long were you off work and unemployed? \_\_\_\_\_

15. Did you secure alternate employment elsewhere/obtain another job?

YES

NO

16. If yes, when did you secure alternate employment/obtain another job?

\_\_\_\_\_

17. If yes, what compensation and benefits did you receive at your new job?

\_\_\_\_\_

18. How long were you unemployed and out of work?

\_\_\_\_\_

19. Did you incur any actual out-of-pocket expenses in connection with accepting employment with Ford Canada or in connection with attempts to secure alternate employment?

YES

NO

Provide full details and particulars of any actual out-of-pocket expenses incurred:

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- 20. Please add/include any additional information which you think is relevant to your claim for additional compensation (attach any back-up/supporting documentation if available).

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**I DO HEREBY SOLEMNLY DECLARE** that all the information provided in this completed claim form as set out above is true and accurate to the best of my knowledge, information and belief and knowing that it is of the same force and effect as if made under oath.

\_\_\_\_\_  
*WITNESS*



\_\_\_\_\_  
**CLASS MEMBER NAME & SIGNATURE**