

EMPLOYEE INTERVIEW

Labor Compliance/EEO

CONFIDENTIAL

This document contains personal information and pursuant to Civil Code 1798.21 it shall be kept confidential in order to protect against unauthorized disclosure.

| | | | | |
|--|--|---|---|---|
| Job Number | Contract ID | Contractor Name | Prime <input type="checkbox"/> | Subcontractor <input type="checkbox"/> |
| LABOR COMPLIANCE | | | | |
| Employee's Name On Payroll (please print) | | SSN (last four digits) | Job Classification (Craft) | |
| Pay per Hour: | Base Fringe: (if applicable) | Are you an apprentice/trainee? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Work being performed at time of interview: (Offer as much clarity as possible) | | | | |
| EEO COMPLIANCE | | | | |
| Male <input type="checkbox"/> | Female <input type="checkbox"/> | Black <input type="checkbox"/> <small>(Not of Hispanic Origin)</small> | Caucasian <input type="checkbox"/> <small>(Not of Hispanic Origin)</small> | Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> |
| Paid: Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: | | How long have you worked for your present employer? | How long have you worked on this project? | |
| Describe the type of work you have been performing this past week. | | | | |
| Do you keep record of hours worked? Yes <input type="checkbox"/> No <input type="checkbox"/> | Do you work overtime? Frequently <input type="checkbox"/> Seldom <input type="checkbox"/> Never <input type="checkbox"/> | Are you paid time & half for overtime? Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, explain below ↓) | | |
| Explanation: | | | | |
| Has your employer directed your attention to the required wage rate posters on this project? Yes <input type="checkbox"/> No <input type="checkbox"/> | Have you seen these posters? Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, explain below ↓) | Is anything withheld from your check (Other than Income Tax, FICA, etc.) Yes <input type="checkbox"/> (If Yes, explain below ↓) No <input type="checkbox"/> | | |
| Explanation: | | | | |
| Are you aware of the Contractor's Equal Employment Opportunity (EEO) and Sexual Harassment Policies? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Does the Contractor hold regular meetings to discuss these policies? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, how often: | | |
| Who conducts the meetings? | Who is the EEO Officer for your employer? | Who is the company contact if you have a complaint? | | |
| Are you interested in, or has your employer informed you of, training possibilities? Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, explain below ↓) | | | | |
| Explanation: | | | | |
| EMPLOYEE COMMENTS | | | | |
| No Comments <input type="checkbox"/> Comments: _____ | | | | |
| | | | | |
| INTERVIEWER COMMENTS | | | | |
| No Comments <input type="checkbox"/> Comments: _____ | | | | |
| | | | | |
| OFFICE REVIEW/ADMINISTRATIVE ACTION | | | | |
| Payroll Entry Wages (from certified payroll) | | Payroll Entry Labor Classification (craft from certified payroll) | | |
| Discrepancy: Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, what was the discrepancy? | | | |
| What type action taken? | Reviewed by: | | Date action taken: | |

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