

**EMPLOYEE INTERVIEW REPORT**

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Employee Data

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Best Time to Call \_\_\_\_\_

**ALL QUESTIONS PERTAIN TO THIS PROJECT ONLY**

What are your job duties?

\_\_\_\_\_

In what trade(s)/occupation(s) does your employer classify you?

\_\_\_\_\_

What equipment, if any did you operate?

\_\_\_\_\_

What hourly wage did you receive? \_\_\_\_\_

When was your First Day? \_\_\_\_\_

What hours do you normally work? From \_\_\_\_\_ am pm To \_\_\_\_\_ am pm

Do you get a regular lunch break? From \_\_\_\_\_ am pm To \_\_\_\_\_ am pm

Did you ever work any Saturdays? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you ever work any Sundays? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you receive over time? Yes \_\_\_\_\_ No \_\_\_\_\_

When? After 8 Hours? Yes \_\_\_\_\_ No \_\_\_\_\_ After 40 Hours? Yes \_\_\_\_\_ No \_\_\_\_\_

Saturday? Yes \_\_\_\_\_ No \_\_\_\_\_ Sunday? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you work steady on this job? Yes \_\_\_\_\_ No \_\_\_\_\_

How do you report the hours that you work, and/or to whom do you report them?

\_\_\_\_\_

Did you maintain any type of work log? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your employer pay any fringe benefits for you? Yes \_\_\_\_\_ No \_\_\_\_\_

Who were some of the other employees who worked with you?

Name

Occupation & Project

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What hourly rate do you receive when transporting the employer's tools or materials to or from the job site?

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