

EMPLOYEE INTERVIEW REPORT

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

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