

Division of Construction LABOR INTERVIEW FORM

Prime Contractor/Subcontractor:	
Contract ID:	County:
Project Number:	Date of Interview:
Employee Name:	Sex: Race/Ethnic Origin:
Employee's Title:	Hourly Wage Rate:
Length of Time in Current Position :	Hire Date:
Description of employee's work at time of interview	v (include tools used & equipment):
2. Who is your company's EEO Officer?	
3. Do you have any valid complaints about wages rece	eived or hours worked? Yes No
Verification of Complaint & documentation ty	rpe:
4. Are you a union member? Yes No If y	ves, what union do you belong to?
5. If employee is a Trainee, complete the questions be a. Have you ever been employed as a journey	
Classification?	
b. What phases of the Training Program have	you had?

c. Trainee's Address & Social Security Number:		
INTERVIEWER'S COMMENTS:		
Interviewer's Signature Title	Date	
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EOR LISE OF DAVROLL CHECKER.		
FOR USE OF PAYROLL CHECKER: Is the above information in agreement with payroll data an	d contract requirements? Yes N	No
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Project Engineer

I hereby attest this labor interview was performed in accordance with the current Construction Manual and provided for the subsequent Payroll Review.