

EMPLOYEE INTERVIEW

Labor Compliance/EEO

Form CR-1
Compliance
Rev. 08/2015

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: _____				
Interviewer's Name			Date of Interview	
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?	Date action taken:	Reviewed by:	Date of Review:	

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