

EMPLOYEE INTERVIEW RECORD (LABOR STANDARDS)

NORTH DAKOTA DEPARTMENT OF COMMERCE/DCS

SFN 52341 (05/14)

CONFIDENTIAL

Project Name		Contractor or Subcontractor (Employer)		
Project Number		Employee Name		
Employee Identifying Number		Employee Phone Number		
Employee Home Address		City	State	ZIP Code
How long have you worked for this Company?		How long on this job?		
Hours for starting and stopping normal work?		Daily/Weekly hours worked normally?		
How many hours did you work last week?		Hourly rate of pay?		
Verification of Identification? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a pay stub with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Fringe Benefits				
Vacation <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pension <input type="checkbox"/> Yes <input type="checkbox"/> No		Other <input type="checkbox"/> Yes <input type="checkbox"/> No		
What deductions other than taxes and social security are made from your pay?				
Your job classification(s) (list all)				
Your duties				
Tools or equipment used				
Are you an apprentice or trainee?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you paid for all hours worked?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you paid at least time and 1/2 for all hours worked in excess of 40 in a week?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been threatened or coerced into giving up any part of your pay?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employee Signature			Date	
Duties observed by the Interviewer (Please be specific.)				
Remarks				
Interviewer Name (please print)		Signature of Interviewer		Date of Interview
Payroll Examination				
Remarks				
Signature of Payroll Examiner			Date	