

STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
HIGHWAYS

**EQUAL EMPLOYMENT AND
LABOR COMPLIANCE EMPLOYEE INTERVIEW**

TO BE FILLED IN BY INTERVIEWER

(Data may be obtained from Payroll Records)

Fed Contract No.: _____

Employee Name: _____ Labor Classification: _____

Home Address: _____

Min. Prevailing Wage Per Contract - Base Rate: _____ Fringe Benefits: _____

Employer: _____ Prime Contractor on the Project: _____

Work Being Performed at Time of Interview: _____

QUESTIONS TO BE ASKED OF EMPLOYEE

A. How long have you worked for your present employer? _____

How long on the project? _____

B. Describe the type of work you have been doing during the past week: _____

C. What is your hourly wage? _____

D. Is that a union rate? Yes No

If "No", ask what fringe benefits): _____

E. About how much do you earn a year? _____

F. Do you work overtime? Frequently Seldom Never

G. Is that time and a half? Yes No

If "No", explain: _____

H. What are your hours of work? _____ to _____

I. Do you start work here at the project? Yes No

If "No", explain where and duties there: _____

J. Do you keep a list of the hours you work? Yes No

K. Have you seen a poster on wages? Yes No

EEO Posters? Yes No

L. Do you know if the Contractor has an Equal Employment Officer? Yes No

M. Have you been to meetings where equal employment was discussed? Yes No

Training opportunities? Yes No

Does the Company have an EEO Plan? Yes No

N. Have you participated in job training? Yes No

Describe: _____

O. How do you find about training or upgrading opportunities? _____

P. Do you usually get jobs through the union? Yes No

If "No", explain: _____

Q. How often have you been out of work this year? Frequently Seldom Never

R. Are there any difference in work assignments or overtime offered for different races?

S. Do any of the company officials, superintendents, and/or foreman make sarcastic remarks about some races?

ADDITIONAL QUESTIONS FOR OWNER OPERATORS

A. Equipment description: _____

B. Hourly rate (fully operated and maintained): _____

Bare equipment rate: _____

On what do you base your equipment rate? Hourly Weekly Monthly

Rental rate for period(s) noted above: _____

C. Do you own the equipment? Yes No

May I see the Certificate of Ownership? Yes No

Interviewer – Note legal owner and registered owner: _____

EMPLOYEE'S COMMENTS

Do you have any comments or complaints about wages or EEO policies? Yes No

Specific comments or complaints:

INTERVIEWER'S COMMENTS

Interviewer's Signature: _____

Date: _____