

EMPLOYEE INTERVIEW FORM Minimum Wage / Paid Sick Leave

Date _____	FOR OFFICE USE ONLY CASE #
First name _____ Last Name _____	Business name _____
Your phone # _____	Owner's Name and Phone # _____
Your address _____	Business address _____
Your email address _____	Date of hire _____
Place of the interview _____	Do you still work for this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> if no, when was your last day of work? _____
Job title _____	What day do you get paid? _____
Are you paid? Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/>	Rate of pay now \$ _____ Any changes in last 3 years? Please list the rates and dates _____
Have you been paid for all hours worked? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/>	How are you paid? Check <input type="checkbox"/> \$ _____ Cash <input type="checkbox"/> \$ _____
Do you have paystubs or receipts of cash payments? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you paid over time rate? (Over time is when you work more than 8 hours a day or over 40 hours in a week) Yes/Si <input type="checkbox"/> No <input type="checkbox"/>
Have you called in sick? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you paid? Yes <input type="checkbox"/> No <input type="checkbox"/> (Sick leave can be used for illness, medical appointment or to take care for a family member) Please list your sick time that was not paid _____	
Starting date of the following schedule _____ <u>Current Schedule</u> Monday _____ to _____ Tuesday _____ to _____ Wednesday _____ to _____ Thursday _____ to _____ Friday _____ to _____ Saturday _____ to _____ Sunday _____ to _____	Starting and ending date of the following schedule _____ <u>Previous Schedule (if any)</u> Monday _____ to _____ Tuesday _____ to _____ Wednesday _____ to _____ Thursday _____ to _____ Friday _____ to _____ Saturday _____ to _____ Sunday _____ to _____

How many hours per week do you work?		
Does your employer provide you with meal breaks? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, for how long	Does this employer provide you with any other breaks? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, for how long?	
Does your employer require you to record your start and end time? Yes <input type="checkbox"/> No <input type="checkbox"/> Timecard <input type="checkbox"/> Computer <input type="checkbox"/> Sign in sheet <input type="checkbox"/>	Do you have your own records of the hours you worked? (i.e. in a notebook or calendar) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your employer provide health care? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what kind?	Who hired you?	
Supervisor 's name	Who sets your schedule?	Number of employees?
Names of your co-workers and phone #s.		
List Holidays or other dates when this business is closed	Have you taken unpaid leave (vacation without pay)? Yes <input type="checkbox"/> When? _____ No <input type="checkbox"/>	
Do you have any witnesses (list their names and phone #) or other evidence?		
Do you have anything to add?		

Employee signature _____

Date: _____

Interviewer Name and Org. _____

Date: _____