

**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 |
| <b>Payroll Examination</b>   |  |   |  |                   |
| Remarks  |  |   |  |                   |
| Signature of Payroll Examiner  |  |   | Date   |                   |