

EMPLOYEE INTERVIEW FORM-LABOR/EEO

Confidential: All information in this form shall remain confidential to the extent permitted by law, including Florida Statutes Chapter 119

Section 1- IDENTITY DATA SUPPLIED BY EMPLOYEE

Section A -RCS'S PROJECT IDENTIFICATION

1. Employee	first & last name	Kerion Hall
	signature	<i>[Signature]</i>
2. Employed by:	Caviness Electrical Svc	
3. Social Security No.	4 digit ID Or Fed No.	5825
4. How Long with company?	4 months	
5. How Long on this project?	4 months	
6. Employee Sex	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
7. Employee Race	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Am Ind/Al <input type="checkbox"/> Asian <input type="checkbox"/> 2/+races <input type="checkbox"/> Native Hawaiian/P. Islander	

A. Fin. Project #	4222-03-1-58-01	
B. F.A.P. #	8887 748A	C. Contract # APWile
D. Prime Contractor	Atank. Wch, Inc	

**Section B
INTERVIEWER'S IDENTIFICATION**

E. Interviewer	first & last name signature	Cynthia Hoodspyle <i>[Signature]</i>
F. Interviewer's Employer	City of Lakeland	
G. Date of Interview	7/18/11	

Section 2-JOB & PAY DATA SUPPLIED BY EMPLOYEE

Section C-INTERVIEWER'S OBSERVATION

8. What have you worked on today?	Asbestos. MARKING PLACES
9. What tools are you using today?	<input checked="" type="checkbox"/> No Tools
10. Are you running any equipment today?	<input checked="" type="checkbox"/> No Equip
11. What is your job or position?	Electrician
12. How much are you paid an hour?	\$10.00
13. Are you paid every week?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14. Do you get extra money if you work over 40 hours? How much?	1/2 times <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15. Did the company pay for your hardhat, vest?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Is money taken from your check for insurance, loans, uniforms, child support etc?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17. Were you told to give someone money or favors to get this job? Or to keep your job?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

H. Describe employee's work at time of interview	Asbestos. PAPER BRICK
I. Name hand tools the employee was using	<input checked="" type="checkbox"/> No Tools
J. Name of equipment employee was operating	<input checked="" type="checkbox"/> No Equip
K. What is the proper classification for this work?	N/A
(Optional 2 nd observation same day) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2 nd Observ	
L. Was 2 nd Observation of work, tools & equipment same as previous?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No provide following:
M. Describe employee's Work at time of 2 nd Observation/	
N. Tools used	<input type="checkbox"/> No Tools
O. Equipment operated	<input type="checkbox"/> No Equip
P. What is the proper classification for this work?	

Section 3-EEO DATA SUPPLIED BY EMPLOYEE

Section D-RCS' REVIEW & ACTION

18. Are the company's buildings and service open to everyone no matter their race or sex?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Do you feel discriminated against because of your race or sex? Treated differently?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
20. Who is your company's EEO Officer?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Dennis Caviness
21. Have you seen the project bulletin board with the wage and job posters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22. Have you been asked to bring people in to to apply for a job?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Q. RCS	first & last name	Date of RCS review
R. PAYROLL VESUS WD MIN. RATE & FRINGE	As shown on Payroll Classification Rate Paid Fringe Paid	7/18/11
	N/A	
	WD FOR THIS PAYROLL CLASSIF	Rate Min Fringe Min
	WD FOR CLASSIF IN "K & P" <input type="checkbox"/> same as WD for payroll classif	Rate Min Fringe Min
	IF FRINGE IS REQUIRED, HOW ARE FRINGES PAID?	<input type="checkbox"/> NA <input type="checkbox"/> Cash <input type="checkbox"/> Benefits <input type="checkbox"/> Combination

Section 4-FRINGE DATA SUPPLIED BY EMPLOYEE

S. Is there a discrepancy between work, tools equipment, classification, rate paid or fringes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
T. Any concerns from Sections 2 or 3?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
U. RCS Comments	<input type="checkbox"/> see attached <input checked="" type="checkbox"/> none

23. Are you paid for holidays, sick days, vacation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24. Does the company pay any of your insurance?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25. Interviewer comments/exp	<input type="checkbox"/> see attached <input checked="" type="checkbox"/> none

EMPLOYEE INTERVIEW FORM-LABOR/EEO

Confidential: All information in this form shall remain confidential to the extent permitted by law, including Florida Statutes Chapter 119

Section 1- IDENTITY DATA SUPPLIED BY EMPLOYEE		Section A -RCS'S PROJECT IDENTIFICATION					
1. Employee	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">first & last name</td> <td>Asmael Lopez</td> </tr> <tr> <td style="font-size: small;">signature</td> <td><i>Asmael Lopez</i></td> </tr> </table>	first & last name	Asmael Lopez	signature	<i>Asmael Lopez</i>	A. Fin. Project #	4022 031-5801
first & last name	Asmael Lopez						
signature	<i>Asmael Lopez</i>						
2. Employed by:	Comms Electrical SCS	B. F.A.P. #	8887-748A				
3. Social Security No.	6148	C. Contract #	AP216				
4. How Long with company?	1 yr.	D. Prime Contractor	Alan L. Ullrich Inc.				
5. How Long on this project?	6 months	Section B INTERVIEWER'S IDENTIFICATION					
6. Employee Sex	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	E. Interviewer	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">first & last name</td> <td>Cynthia Hoodguy</td> </tr> <tr> <td style="font-size: small;">signature</td> <td><i>Cynthia Hoodguy</i></td> </tr> </table>	first & last name	Cynthia Hoodguy	signature	<i>Cynthia Hoodguy</i>
first & last name	Cynthia Hoodguy						
signature	<i>Cynthia Hoodguy</i>						
7. Employee Race	<input type="checkbox"/> White <input type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Am Ind/Al <input type="checkbox"/> Asian <input type="checkbox"/> 2/+races <input type="checkbox"/> Native Hawaiian/P. Islander	F. Interviewer's Employer	City of Laurel Haven				
		G. Date of Interview	7/18/11				
Section 2-JOB & PAY DATA SUPPLIED BY EMPLOYEE		Section C-INTERVIEWER'S OBSERVATION					
8. What have you worked on today?	AS Builts.	H. Describe employee's work at time of interview	Receiving Plans <i>Marking</i>				
9. What tools are you using today?	<input type="checkbox"/> No Tools	I. Name hand tools the employee was using	<input type="checkbox"/> No Tools				
10. Are you running any equipment today?	<input checked="" type="checkbox"/> No Equip	J. Name of equipment employee was operating	<input type="checkbox"/> No Equip				
11. What is your job or position?	Supervisor	K. What is the proper classification for this work?	4/A				
12. How much are you paid an hour?	\$14.00	(Optional 2 nd observation same day) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2 nd Observ					
13. Are you paid every week?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	L. Was 2 nd Observation of work, tools & equipment same as previous?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No provide following:				
14. Do you get extra money if you work over 40 hours? How much?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	M. Describe employee's Work at time of 2 nd Observation/					
15. Did the company pay for your hardhat, vest?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	N. Tools used	<input type="checkbox"/> No Tools				
16. Is money taken from your check for insurance, loans, uniforms, child support etc?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	O. Equipment operated	<input type="checkbox"/> No Equip				
17. Were you told to give someone money or favors to get this job? Or to keep your job?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	P. What is the proper classification for this work?					
Section 3-EEO DATA SUPPLIED BY EMPLOYEE		Section D-RCS' REVIEW & ACTION					
18. Are the company's buildings and service open to everyone no matter their race or sex?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Q. RCS	first & last name: <i>Cynthia Hoodguy</i> Date of RCS review: 7/18/11				
19. Do you feel discriminated against because of your race or sex? Treated differently?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	R. PAYROLL VESUS WD MIN. RATE & FRINGE	As shown on Payroll: <i>N/A</i> Classification: <i>N/A</i> Rate Paid: <i>N/A</i> Fringe Paid: <i>N/A</i>				
20. Who is your company's EEO Officer?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WD FOR THIS PAYROLL CLASSIF: <i>N/A</i> Rate Min: <i>N/A</i> Fringe Min: <i>N/A</i>					
21. Have you seen the project bulletin board with the wage and job posters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WD FOR CLASSIF IN "K & P" <input type="checkbox"/> same as WD for payroll classif					
22. Have you been asked to bring people in to to apply for a job?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IF FRINGE IS REQUIRED, HOW ARE FRINGES PAID? <input type="checkbox"/> NA <input type="checkbox"/> Cash <input type="checkbox"/> Benefits <input type="checkbox"/> Combination					
Section 4-FRINGE DATA SUPPLIED BY EMPLOYEE		S. Is there a discrepancy between work, tools equipment, classification, rate paid or fringes?					
23. Are you paid for holidays, sick days, vacation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
24. Does the company pay any of your insurance?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	T. Any concerns from Sections 2 or 3?					
25. Interviewer comments/exp	<i>Devised Inc.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
		U. RCS Comments	<input type="checkbox"/> see attached <input checked="" type="checkbox"/> none				