

**MISSISSIPPI DEPARTMENT OF TRANSPORTATION
JACKSON, MISSISSIPPI**

LABOR QUESTIONNAIRE (FEDERAL-AID PROJECTS)

INFORMATION REGARDING COMPLIANCE WITH FEDERAL LABOR STANDARDS

Date:	
Project Number:	County:
Employee Interviewed:	Employee's regular mailing address:
Employed By:	<input type="checkbox"/> Prime Contractor <input type="checkbox"/> Sub-Contractor
Job Classification:	What hourly rate are you paid?
Have you seen the wage rates posted on the jobsite?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
What dates have you worked on this project? (approx)	From _____ To _____
What other job classifications have you worked in on this project?	What was your hourly rate?
Do you ever work more than 40 hours a week on this project?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you receive time and one half for overtime?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you ever underpaid on this project?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you were underpaid, did you complain to anyone about it?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you complained, to whom did you complain?	
If you complained, what was done about your complaint?	
Are you aware of your employer's Equal Employment Opportunity Policy?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes", how were you made aware of this policy?	
Do you know who the Equal Employment Opportunity Officer is for your employer?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have anything further to add, please use this space	

Interviewer:

Signature

Title

Note: Fill out in duplicate

Distribution: (a) Retain one copy in project file
 (b) Submit originals to Contract Compliance Officer
 when project is released from Maintenance