

COLORADO DEPARTMENT OF TRANSPORTATION EQUAL EMPLOYMENT OPPORTUNITY AND LABOR COMPLIANCE VERIFICATION	Project No.:	Project Code (SA#):
	Project Location:	
Contractor Name:		
Employee Name:	Job Classification:	

JOB SITE INTERVIEW SECTION

Equal Employment Opportunity

Have you seen the EEO posters posted by the Contractor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you know the EEO policy of the Contractor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you know who the project EEO Officer is? If yes, what is the project EEO Officer's name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have Contractor or Contractor personnel ever asked you to refer minorities and women to fill job openings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the Contractor offered you training or apprenticeship programs to upgrade your skills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How long have you been employed by this Contractor? years months days		
How did you get this job? <input type="checkbox"/> union <input type="checkbox"/> other:		
Have you attended a meeting on this project where EEO was discussed? If yes, what was the date of the meeting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you feel the Contractor has discriminated against you in any way?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		

Labor Compliance

Have you seen the wage posters posted by the Contractor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is your hourly wage rate? \$ /hour		
What is your hourly fringe benefit amount? \$ /hour How are fringe benefits being paid to you? <input type="checkbox"/> cash <input type="checkbox"/> other (e.g., plan, fund, program): Have you experience any problems with fringe benefit payments? If yes, please describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TOTAL HOURLY WAGE: \$ /hour		
How often are you paid? <input type="checkbox"/> weekly <input type="checkbox"/> other:		
Describe your current work assignment:		
Employee Signature:		Date:

VERIFICATION SECTION (Use the Contractor payroll to answer the questions in this Section)

Is the employee's wage correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the total hourly amount?		
What is employee's worker classification?		
What is the payroll date?		
Comments:		
Interviewer's Signature:		Date: