

# Employee Questionnaire

<b>Employer Name:</b>	
<b>Trading As:</b>	
<b>Employer's Business description:</b>	
<b>FRN: (Official Use Only)</b>	

	<b>Name</b>						
	<b>Address</b>						
	<b>Contact No</b>						
	<b>Email Address</b>						
	<b>Date of Birth</b>		<b>PPS No:</b>				
	<b>Nationality</b>						
	<b>(Tick appropriate boxes)</b>						
	<b>Non EEA National</b>	<b>Permit Required?</b>	<b>YES:</b>		<b>Permit Held?</b>	<b>YES:</b>	
			<b>NO:</b>			<b>NO:</b>	
	<b>Current status/ reason for being in the State if non EEA National</b>						
<b>Job Description</b>							
<b>Start Date</b>							
<b>Place of Work</b>							
<b>(Tick appropriate box)</b>							
<b>Hours Of Work:</b>	<b>Variable Hours</b>		<b>Fixed Hours</b>				
<b>(Enter hours worked - Enter last weeks if variable hours)</b>							
	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
<b>Date:</b>							
<b>Start</b>							
<b>Finish</b>							

Terms of Employment Issued?		Yes	No
Procedures for bullying, harassment, discipline & grievance given?		Yes	No
Payslips given?	Yes	No	
If yes - How often?	Weekly	Fortnightly	Monthly
Week in hand worked	Yes	No	
Payment Day/When payment Relates To?			
Method Of Payment?	Cash	<input type="checkbox"/>	Cheque <input type="checkbox"/> Bank <input type="checkbox"/>
Do you sign/clock in/out?	Yes	No	
Rest breaks Given?	Yes	No	Length
Annual Leave Given?	Yes	No	No of days
Work Public holidays?	Yes	No	How much payment received?
Work Sundays?	Yes	No	How much payment received?
Work Overtime?	Yes	No	How much payment received?
Meals/lodgings Provided?	Yes	No	If Yes, any deductions? How Much?
Rate of pay (gross)	Hourly:	Weekly:	
Any deductions from your wages			
Any other payments/subsistence			
Other Areas of concern in relation to your employment?			

Signature (Optional):

Date: