



An Coimisiún um Chaidreamh san Áit Oibre  
Workplace Relations Commission

# Employee Questionnaire

This is not for your employer to fill out

|                                  |  |
|----------------------------------|--|
| Employer Name:                   |  |
| Trading As:                      |  |
| Employer's Business description: |  |
| FRN: (Official Use Only)         |  |

Please fill out and tick appropriate boxes.

## SECTION 1 - PERSONAL DETAILS

|                         |     |    |                                       |             |    |           |              |
|-------------------------|-----|----|---------------------------------------|-------------|----|-----------|--------------|
| Name                    |     |    |                                       |             |    |           |              |
| Address                 |     |    |                                       |             |    |           |              |
| Date Of Birth           |     |    |                                       | Nationality |    |           |              |
| PPS No                  |     |    |                                       | Contact No  |    |           |              |
| Email Address           |     |    |                                       |             |    |           |              |
| Are A Non EEA National? | Yes | No | If Yes Do You have an IRP / GNIB Card | Yes         | No | Card No:  | Issue Date:  |
|                         |     |    |                                       |             |    | Stamp No: | Expiry Date: |
| Notes:                  |     |    |                                       |             |    |           |              |

## SECTION 2 - EMPLOYMENT DETAILS

|   |                |     |     |             |     |     |     |
|---|----------------|-----|-----|-------------|-----|-----|-----|
| Job Description   |                |     |     |             |     |     |     |
| Place of work   |                |     |     |             |     |     |     |
| Start date  |                |     |     |             |     |     |     |
| Hours Of Work:  | Variable Hours |     |     | Fixed Hours |     |     |     |
| (Enter hours worked - Enter last weeks if variable hours) |                |     |     |             |     |     |     |
|   | Mon            | Tue | Wed | Thurs       | Fri | Sat | Sun |
| Date:   |                |     |     |             |     |     |     |
| Start   |                |     |     |             |     |     |     |
| Finish  |                |     |     |             |     |     |     |

|   |     |      |                               |             |                      |                   |                      |    |
|---|-----|------|-------------------------------|-------------|----------------------|-------------------|----------------------|----|
| 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           |                      |    |
| Payment Day/ When does payment relate to?   |     |      |                               |             |                      |                   |                      |    |
| Method of Payment?  |     | Cash | <input type="text"/>          | Cheque      | <input type="text"/> | Bank              | <input type="text"/> |    |
| Do you clock in/out or sign off on your hours worked?   |     |      |                               |             |                      |                   | Yes                  | No |
| Rest breaks Given?  | Yes | No   | How long is given?            |             |                      | Breaks Paid?      | Yes<br>No            |    |
| Annual Leave Given?   | Yes | No   | How much leave is given?      |             |                      |                   |                      |    |
| Work Public holidays?   | Yes | No   | Do you receive any payment?   | Yes         | No                   | If Yes How Much?  |                      |    |
| Work Sundays?   | Yes | No   | Do you receive extra payment? | Yes         | No                   | If Yes How Much?  |                      |    |
| Meals Given   | Yes | No   | Any deduction taken for this? | Yes         | No                   | If Yes, how Much? |                      |    |
| Lodgings Given  | Yes | No   |                               | Yes         | No                   |                   |                      |    |
| Rate of pay (gross - before deductions)   |     |      |                               | Per Hour: € |                      | Per Week: €       |                      |    |
| Any deductions from wages other than statutory (PAYE, PRSI, USC, Unions etc.)?  |     |      |                               |             |                      |                   |                      |    |
| Any other payments or subsistence to you?   |     |      |                               |             |                      |                   |                      |    |
| <b>Important Note:</b> If your rate of pay is below €11.30 per hour please provide the date you first commenced employment since turning 18 years old → |     |      |                               |             |                      |                   | Commencement date:   |    |
| Are there any other areas of concern in relation to your employment?  |     |      |                               |             |                      |                   |                      |    |
|   |     |      |                               |             |                      |                   |                      |    |
|   |     |      |                               |             |                      |                   |                      |    |

Signature (Optional):

Date: