



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	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 €10.10 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: