

Wage and Hour Coverage Questionnaire

Applicant Information:

Name:
Address:

- 1) Does the Applicant have job descriptions for each position including whether the positions are exempt/non-exempt? Yes No
If No, please provide details:

- 2) Does the Applicant maintain job descriptions for each employee at each location and periodically review them against the employees' actual job duties? Yes No

- 3) How does the Applicant monitor and/or ensure that employees properly log their work hours? (This is important with jobs for Applicants that may have workers that work 24/7 or shift workers).

- 4) Are workers guaranteed:

Lunch breaks? Yes No
Bathroom breaks? Yes No
Smoke breaks? Yes No

If Yes to any of the above, how do employees clock in and out?

- 5) Does the Applicant audit and review its wage and hour practices to ensure compliance with state and federal laws? Yes No
If yes, is an outside attorney involved? Yes No
How frequent are the attorney visits? _____

- 6) Has the Applicant ever had a past or pending wage and hour/FLSA claim or circumstance? Yes No
If Yes, please provide full details:

AUTHORIZED SIGNATURE
(To Be Signed by Chairman, President, CEO or CFO)

DATE