

EMPLOYMENT INFORMATION

For any of the questions below, you may add additional information on separate pages and include any documents that you feel are helpful.

Provide the following information about each worker that you believe the business misclassified, including yourself if applicable:

| | Name | Type of work performed | Worksite name and location |
|-------|------|------------------------|----------------------------|
| You | | | |
| Other | | | |
| Other | | | |
| Other | | | |
| Other | | | |
| Other | | | |
| Other | | | |
| Other | | | |
| Other | | | |
| Other | | | |
| Other | | | |
| Other | | | |

Provide the following information about each worksite where you believe the business misclassified workers:

| Worksite name and location | Project | Dates when work performed | Worksite supervisor | Name of general contractor |
|----------------------------|---------|---------------------------|---------------------|----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

What led you to believe that this business misclassified employees as independent contractors? _____

Did the business have any other person who provided the workers directions or orders besides the workplace supervisor(s)? If so, please identify the(se) person(s) and the worksite(s). _____

Did the business supply the workers with tools, equipment and other supplies to do their work? If yes, what tools, equipment and supplies were provided by the business? _____

What tools, if any, did the worker(s) supply? _____

Did any of the workers have their own business? If yes, please explain and provide the business location. _____

Did any of the workers have their own liability insurance? If yes, when was it in effect? (Please provide a copy of the declarations page, if available.) _____

How were the workers paid? (Please check all that apply and explain in detail.)

- Per job _____
- Per hour _____
- Per day _____
- Piece work _____
- Other _____

Who paid the workers? _____

Do you have wage records (such as paystubs, W-2 or 1099 forms) relating to any of the workers? _____

Did any of the workers have a written agreement to perform work at any of the worksites? (Please attach, if available.) _____

I verify that facts set forth in this complaint are true and correct to the best of my knowledge, information and belief. I sign this complaint subject to 18 Pa.C.S. § 4904 (relating to unsworn falsifications to authorities).

Signature _____ Date _____

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*