

## Sexually Oriented Business 23:1019.3 Questionnaire

In accordance with La. R.S. 23:1019.3, the Louisiana Workforce Commission (LWC) has prepared this questionnaire to implement the provisions of La. R.S. 23:1019.3, which mandates that any operator of a sexually oriented business, before hiring an employee or independent contractor, shall require the potential employee or independent contractor to submit in writing answers to the questions provided below. For purposes of this questionnaire, “**operator**” means any individual on the premises of a sexually oriented business authorized to manage the business, exercise overall operational control of the premises, or cause the business to function; “**employee**” means any individual employed by a sexually oriented business for remuneration pursuant to a contract for hire but does not include an independent contractor; “**independent contractor**” means an individual contracted to perform services for a sexually oriented business on a non-exclusive basis pursuant to a written agreement specifying that the individual is a contractor and not an employee of the sexually oriented business.

After the questionnaire is complete, the potential employee or independent contractor shall sign the questionnaire, affirming the accuracy of the answers, the operator shall also sign to acknowledge receipt. The operator shall retain a copy of the questionnaire for its records in a locked or otherwise secure location for at least three years after the last day of the employee's or independent contractor's work with the sexually oriented business.

In order to fully comply with this requirement, you are required to submit answers to the questions provided below.

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### Questionnaire

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- (1) Is your freedom of movement restricted?
  
- (2) How do you learn about job opportunities?
  
- (3) Did you come to this country for a specific job that you were promised?
  
- (4) To what forms of media or telecommunication do you have access?
  
- (5) Do you or does someone else retain your identification documents?
  
- (6) Were you provided with false documents or identification?
  
- (7) How was payment for your travel handled?
  
- (8) Do you owe your employer any money?

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Received by: \_\_\_\_\_

(Operator)

