

This survey is confidential. We will use it to plan services and contact you. Completing this survey does not mean you have enrolled in the Dislocated Worker Program. You will still need to apply for the Dislocated Worker Program with the selected service provider.

(5)

(7)

Section A: Individual Background Information

Na	ame: _									Pleas	se fill	in th	e	
Н	ome ac	ddress:					 				opria			
City:Stat					Zip Code:				below for your home zip code.					
Ph	one: _													
Er	nail: _									H	OME	ZIP	CO	DE
Co	mpan	ny:	Current Job	Title:										
1	A	2 Watanan 2	2	XX 71-	. . :					①①	①①	① ①	① ①	
1.		you a Veteran?	2.	_	at is you	Č		40.50		2	2	2	2	
	0	Yes		0		er 20	0	40-59)	3	3	3	3	(3)
	\circ	No		O	21-3	9	0	60+		4	4	4	4	4
3.	Do y	ou need a language inter	preter or translated mate	rials?						56	56	56	56	(5) (6)
	\bigcirc	Yes 4. If Y	ES, what language?							7	7	7	7	7
	\bigcirc	No								8	8	8	8	8
5.	Wha	t is the highest grade you	completed in school? (Mark c	only one	e)				9	9	9	9	9
<i>J</i> .	O Did not complete high school			\bigcirc	Some	e colleg	ge, no d	egree	L					
	\bigcirc	High school graduate/	GED	\bigcirc	Associate degree									
	\bigcirc	Some trade/vocational	training	\bigcirc	Bachelor or undergraduate degree									
	\bigcirc	Trade/vocational degre	ee/certificate	\bigcirc	Grad	luate or	advanc	ed degre	ee					
6.	Do y	ou currently belong to a	labor union?											
	\bigcirc	Yes 7. If Y	ES, which union?											
	\bigcirc	No												
			Section B: Informa	tion A	bout Y	Your C	Curren	t Job						
8.	At th	e time of layoff, how ma	any years will you have v	vorked	for this	s compa	any (rou	and up)?	•					
	\bigcirc	Up to 6 months	O 6 months-4 years	š	\bigcirc	5-9 ye	ears	\bigcirc	10+ year	rs				
9.	On a	verage, how many hours	s do vou work per week?											
٠.	\bigcirc	Less than 20 hours	20-31 hours	0	32-40	0 hours		\bigcirc $^{\prime}$	1+ hours					
	0	Less than 20 nours	20 31 110413	0	32 40	o nours		О т	1 i nours					
10.	. Wha	t is your most recent was	ge with this company?											
	0	Under \$9.86/Under \$2	20.509		0	\$20.0)1-\$30.	00/\$41.6	501-\$62,40)0				
	0	\$9.87-\$15.00/\$20,510			0				401-\$83,20					
	\bigcirc	\$15.01-\$20.00/\$31,20			\$40.01 and over/\$83,201 and over									

Section C: Looking Ahead

11.	What best describe what you want to do next? (Mark all that apply)												
	\bigcirc	Seek immedia	te emplo	yment		\bigcirc	Already have a job lined up						
	\bigcirc	Seek training/	education	1		\bigcirc	Retire/leave the workforce						
	\bigcirc	Start or grow	my own l	business									
12.	If you plan to seek immediate employment , which options are you seriously considering? (Mark all that apply)												
	\bigcirc	Seek employn	nent in m	y current	occupation								
	\bigcirc	Seek employment in a new occupation											
13.	In what training are you most interested?					14. In v	14. In what education are you most interested?						
	\bigcirc	English as a second language (ESL)			SL)	\bigcirc	Obtain a trade/vocational certification						
	\bigcirc	Obtain a GED		\circ	Obtain an associate degree (2 years)								
	\bigcirc	Computer skil	puter skills training			\circ	Complete an undergraduate degree (4 years)						
	\bigcirc	Update current or new job skills				\circ	Complete a graduate degree (over 4 years)						
	\bigcirc	Apprenticeshi	p/on the	job trainin	g (OJT)	\circ	Train to start/grow a business						
						\circ	License/certification renewal						
15.	Woul	ld you like indi v	vidual as	sistance v	vith any of t	he following?	(Mark all that apply)						
	\circ	Develop resur	nes and v	vrite cove	r letters	\circ	Vocational rehabilitation services information						
	0	Find available jobs and how to search for them				_	Military benefits information						
	\circ	Update job interviewing skills					Health insurance information						
	\bigcirc	Job interests and skills assessments			nts	\circ	Energy assistance information						
	\bigcirc	Use professional & social networking tools			king tools	\bigcirc	Dependent care assistance						
	\bigcirc	Budgeting & paying my bills without a job				\bigcirc	Transportation assistance						
	\bigcirc	Career, personal or family counseling			eling	\bigcirc	Housing or rental assistance						
	\bigcirc	Community-based resources (food, clothing)			od, clothing)	\circ	Relocation assistance						
16.	. Would you serve on a Planning and Selection Committee to choose a service provider, if necessary, and work with them to develop a plan for you and your co-workers?												
	\bigcirc	Yes	\bigcirc	No	\bigcirc	Maybe							
17.	After	this presentation	on, will y	ou enroll v	with a career	counselor to	receive the services mentioned above?						
	\bigcirc	Yes	\bigcirc	No	\circ	Don't know							
used	d for res	earch and statistical	purposes of	only in such	a manner that n	ny name will not l	the selected service provider. I understand this information may be be used in any report or publication without further notification. I expire within 12 months of the date of my signature.						
S	Signature						Date						