



RAPID RESPONSE PROGRAM

Employee Needs Survey

NAME OF COMPANY: _____ DATE: _____

EMPLOYEE NAME: _____

ADDRESS: _____ CITY _____ ZIP _____

E-MAIL: _____ TEL.: (____) _____

ARE YOU A VETERAN OR MEMBER OF THE ARMED SERVICES: Yes No

JOB TITLE: _____ LAYOFF DATE: _____

DUTIES: _____

YEARS OF SERVICE: _____ WAGE/SALARY: _____

EDUCATION LEVEL: _____ BEST SKILL(S): _____

1. Do you plan to look for a new job? Yes No
If yes, when do you plan to look? Immediately Next 30 Days Other _____
2. Would you be interested in relocating to employment?
 Yes (in-state) Yes (out-of-state) No
3. Do you have employment skills other than those that were required for your present job?
 Yes No If yes, please list: _____
4. Have you completed an apprenticeship program? Yes No
If yes, what type of apprenticeship: _____
5. Would you be interested in attending college/university/technical school?
 Yes (two years or less) Yes (more than two years) No
6. Would you be interested in attending a short-term skills training (6 weeks to 1 year)?
 Yes No If yes, what type of training: _____

I NEED ASSISTANCE WITH:

One-Stop Career Center Services:

- | | |
|--|--|
| <input type="checkbox"/> Career Skills | <input type="checkbox"/> Job Skills Assessment |
| <input type="checkbox"/> Locating Employment | <input type="checkbox"/> Job Search Assistance |
| <input type="checkbox"/> Labor Market Information | <input type="checkbox"/> Access to computers, fax machines, etc. |
| <input type="checkbox"/> Financial Aid Information | <input type="checkbox"/> Resume Preparation |
| <input type="checkbox"/> Educational Institution Information | <input type="checkbox"/> Interview Preparation |
| <input type="checkbox"/> Entering a Re-Training Program | <input type="checkbox"/> Short-term Training |

Type of Training Desired: _____

Other Possible Needs: _____

- | | |
|---|--|
| <input type="checkbox"/> Medical Coverage | <input type="checkbox"/> Daycare |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Retirement Info |
| <input type="checkbox"/> Relocation Info | <input type="checkbox"/> Other _____ |

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