

WIA/DLLR Name

Survey Title

1. Awareness of [insert name here].

[Insert name here] administers a system of workforce services. Which of the following issues have the most impact on your business: Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> <i>Regional Transportation and Planning</i> | <input type="checkbox"/> <i>Technical Skills Development</i> |
| <input type="checkbox"/> <i>Access to Labor Market Information</i> | <input type="checkbox"/> <i>Incumbent Worker Training</i> |
| <input type="checkbox"/> <i>Basic Skills & Training</i> | <input type="checkbox"/> <i>Access to Child Care</i> |
| <input type="checkbox"/> <i>Retaining Skilled Workers in Local Area</i> | <input type="checkbox"/> |

2. Does your business currently face workforce or labor market problems that limit its ability to achieve its business objectives?

- Yes No

3. Please select from the following list the most important issues your company faces in the workforce. Enter the letter representing the top 3 issues in the boxes below.

1st 2nd 3rd

- | | |
|---|---|
| a. <i>Wage costs</i> | d. <i>Findings workers with specific educational requirements</i> |
| b. <i>Benefit costs</i> | e. <i>Government regulations</i> |
| c. <i>Finding workers with specific occupational skills</i> | f. <i>Other (specify) _____</i> |

4. Have you experienced difficulty in filling job vacancies over the last year? Yes No

4a. If yes, list the occupations for which you had difficulty filling vacancies.

<i>Occupation</i>	<u><i>Length of Time Vacant</i></u>		
	<u><i>Less than 1 month</i></u>	<u><i>1 to 3 months</i></u>	<u><i>Over 3 months</i></u>
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4b. To what extent has the difficulty you experienced hindered your ability to achieve your business goal?

- Greatly* *Somewhat* *Not at all* *No Opinion*

6. Do you provide assistance in obtaining skills necessary for advancement within the firm?

Yes No

If yes, indicate all that apply

- Tuition reimbursement
- On-the-job training
- Release time
- In-house training programs
- Off-site training programs
- Travel expense reimbursements
- Books or equipment reimbursement
- Other (specify)_____

7. Would you be interested in partnering with other employers in your industry to develop strategies to improve the common workplace needs of your organization? (i.e. Skills Alliances) Yes No

If yes, what resources might you be willing and able to contribute?

Please check all that apply:

- Financial
- Space
- Expertise
- Equipment
- Trainers
- None
- Other (Specify)_____

8. The [insert name] is continuously looking for more effective ways to encourage active participation from the business community. Would you be interested in participating in future workgroups, committees, or Tasks Forces of the [insert name]?

Yes No

Should questions arise concerning the information you provided, please indicate the following:

Person completing Survey _____ Telephone Number _____
E-Mail Address _____ Fax Number _____

The information you submit will be held in confidence and data published will not allow identification of any single firm. May we confidentially share the information you have provided about your firm with the other research partners in this survey? Yes No

Authorized signature _____