

Dislocated Worker Survey

Work Details

Employer: _____

Employer Location: _____

1. Last date or expected last date of work: _____
2. Select the occupation that best represents the job you were laid off (pick one):

<input type="checkbox"/> Architecture & Engineering	<input type="checkbox"/> Installation, Maintenance & Repair
<input type="checkbox"/> Arts, Design, Entertainment & Media	<input type="checkbox"/> Legal
<input type="checkbox"/> Building & Grounds Maintenance	<input type="checkbox"/> Life, Physical & Social Science
<input type="checkbox"/> Business & Finance Operations	<input type="checkbox"/> Logistics
<input type="checkbox"/> Community & Social Service	<input type="checkbox"/> Management
<input type="checkbox"/> Computer & Mathematical	<input type="checkbox"/> Military Specific
<input type="checkbox"/> Construction & Extraction	<input type="checkbox"/> Office & Administrative
<input type="checkbox"/> Education, Training & Library	<input type="checkbox"/> Personal Care & Service
<input type="checkbox"/> Farming, Fishing & Forestry	<input type="checkbox"/> Production
<input type="checkbox"/> Food Preparation & Service Related	<input type="checkbox"/> Protective Service
<input type="checkbox"/> Healthcare Practitioners & Technical	<input type="checkbox"/> Retail
<input type="checkbox"/> Healthcare Support	
3. What was your pay wage before taxes? _____
4. How frequently were the above wages paid out? _____
5. How many hours a week did you work? _____
6. How many full years of service do you have with the company? _____
7. What is your highest level of education completed?

<input type="checkbox"/> H.S. Freshman	<input type="checkbox"/> GED	<input type="checkbox"/> Masters
<input type="checkbox"/> H.S. Sophomore	<input type="checkbox"/> College Freshman	<input type="checkbox"/> Doctorate
<input type="checkbox"/> H.S. Junior	<input type="checkbox"/> College Sophomore	<input type="checkbox"/> Certificate of Completion
<input type="checkbox"/> H.S. Senior	<input type="checkbox"/> College Junior	<input type="checkbox"/> Other Post-Secondary Certificate
<input type="checkbox"/> H.S. Senior w/ Diploma	<input type="checkbox"/> Associate Degree	
<input type="checkbox"/> H.S. Senior w/o Diploma	<input type="checkbox"/> Bachelor's Degree	
8. Do you have a trade/vocational certificate or licensure? _____

Future Employment Plans

9. What are your future employment plans?

<input type="checkbox"/> Already have a job lined up	<input type="checkbox"/> Start my own business
<input type="checkbox"/> Seek employment, same field	<input type="checkbox"/> Relocate to a new area
<input type="checkbox"/> Seek employment, new field	<input type="checkbox"/> Leave the workforce
<input type="checkbox"/> Retrain for a new career	<input type="checkbox"/> Other plans
<input type="checkbox"/> Plan to retire	

Questions continue on back

10. Please select up to three (3) occupational groups that best fit your desired job type:

- | | |
|---|---|
| <input type="checkbox"/> Management | <input type="checkbox"/> Food Preparation & Serving Related |
| <input type="checkbox"/> Business & Financial Operations | <input type="checkbox"/> Building/ Grounds Maintenance |
| <input type="checkbox"/> Computer & Mathematical | <input type="checkbox"/> Personal Care & Service |
| <input type="checkbox"/> Architecture & Engineering | <input type="checkbox"/> Sales & Related |
| <input type="checkbox"/> Life, Physical & Social Sciences | <input type="checkbox"/> Office & Administrative Support |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Farming, Fishing & Forestry |
| <input type="checkbox"/> Education, Training & Library | <input type="checkbox"/> Construction & Extraction |
| <input type="checkbox"/> Arts, Design, Entertainment & Media | <input type="checkbox"/> Installation, Maintenance & Repair |
| <input type="checkbox"/> Healthcare Practitioners & Technical | <input type="checkbox"/> Production |
| <input type="checkbox"/> Healthcare Support | <input type="checkbox"/> Transportation & Material Moving |
| <input type="checkbox"/> Protective Services | <input type="checkbox"/> Military Specific |

11. How many miles would you be willing to commute one way for employment?

- | | | |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 0-10 | <input type="checkbox"/> 20-30 | <input type="checkbox"/> 40-50 |
| <input type="checkbox"/> 10-20 | <input type="checkbox"/> 30-40 | <input type="checkbox"/> 50+ |

12. Would you be willing to relocate for employment?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Personal Assistance

13. What would you like assistance with? Please select at least one:

- | | |
|---|---|
| <input type="checkbox"/> Writing a Resume | <input type="checkbox"/> Relocation Assistance |
| <input type="checkbox"/> Labor Market Information | <input type="checkbox"/> Transportation Assistance |
| <input type="checkbox"/> Interviewing Skills | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Job/Career Counseling | <input type="checkbox"/> Financial Counseling |
| <input type="checkbox"/> Job Placement Assistance | <input type="checkbox"/> No Assistance with the Above Options |

14. Would you be interested in additional training? Please select at least one:

- | | |
|---|---|
| <input type="checkbox"/> English as a Second Language (ESL) | <input type="checkbox"/> On-the-Job Training |
| <input type="checkbox"/> Basic/Remedial Education | <input type="checkbox"/> Academic |
| <input type="checkbox"/> GED | <input type="checkbox"/> Entrepreneurial Training |
| <input type="checkbox"/> Trade/Vocational | <input type="checkbox"/> Other Retraining |
| <input type="checkbox"/> Professional Certification | <input type="checkbox"/> Not Interested |

15. Where do you look to find employment opportunities? Please select at least one:

- | | |
|--|---|
| <input type="checkbox"/> Illinois JobLink | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Illinois workNet | <input type="checkbox"/> Family/Friends |
| <input type="checkbox"/> Newspapers | <input type="checkbox"/> Other Methods |
| <input type="checkbox"/> Online Job Boards | |

16. Please identify the Social Media site(s) that you use:

- | | | |
|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Facebook | <input type="checkbox"/> YouTube | <input type="checkbox"/> None (I don't have one) |
| <input type="checkbox"/> Twitter | <input type="checkbox"/> Pinterest | |
| <input type="checkbox"/> LinkedIn | <input type="checkbox"/> Other | |

Personal Information

17. Would you like someone from a local office to contact you with further recovery information?

_____ Yes _____ No

Name (first, last): _____

Telephone: _____ E-mail: _____

Gender: _____ Female _____ Male Date of Birth: _____ Veteran: _____ Yes _____ No