

Department of Workforce Services Job Skills Survey – Fax to 1-877-827-9511
or 307-473-3829

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Research & Planning
Wyoming DWS

Wyoming Department of Workforce Services
Research & Planning
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<http://doe.state.wy.us/LMI/>

Survey Date: (Month, Year)

Please return form by (Date)

**We expect this form to take approximately
10-15 minutes to complete**

All data collected by Research & Planning must, by the Workforce Investment Act (see: 29 USC sec. 491-2 (a)(2)) and the Wyoming Employment Security Law (section 27-3-603), be held in the strictest confidence, with results published only as summary statistics.

Employee holding this job: (First Initial, Last Name)

This is a request for information about this job: work, pay, and benefits

1. Our records indicate the above-named individual was an employee of your business during the **reference period** of (month, month, and/or month of year). Is this correct? **(Please select one response)**

- Yes **(if yes, please continue)** No **(If no, STOP. Please return this form in the enclosed self-addressed stamped envelope or fax it to one of the numbers above. Thank you.)**

2a. What was the rate of pay for this job during the **reference period** of (month, month, and/ or month of year)

Please include base rate of pay, tips, commissions, and other monetary compensation.

\$ _____ . _____ per _____
(specify; for example, hour, month, year)

2b. During (month, month, and/or month of year), was this job considered **(please select one response)**:

- Full-Time
 Part-Time
 Volunteer
 Temporary/Substitute

If this job was considered **temporary/substitute**, how long was it filled by this employee?

2c. On average, how many hours were worked in this job each week during the reference period? _____ Hours

3. Were any of the following benefits offered for the job? **(Please check all that apply even if there is a required waiting period)**

- Health insurance Retirement plan/401k plan Paid time off **(including vacation, sick, holiday)**
 Other **(specify):** _____ No benefits offered If benefits were offered, was there a waiting period to receive benefits?

Yes No Don't Know

Type of Work

4a. During the **reference period** (month, month, and/or month of year), what was the job title for this job? **(For example, high school teacher, civil engineer, personnel manager. Please print in the space provided.)**

4b. During the **reference period**, what were the typical *activities or duties* of this job? **(For example, typing and filing, reconciling financial records, directing hiring policies. Please print in the space provided.)**

Employee Licensing and Certification

5a. Does this job require a specialized license or certification? **(For example, commercial driver's license, medical license, real estate license.)**

- No Yes If yes, please specify: _____ Don't know

**(Over Please)
Confidential**

Employee Training and Education

(ID NUMBER)

5b. Check the qualifications required for the type of work described in questions 4a and 4b. **(Please check all that apply)**

