

Employer Survey for Follow Up of Educational Program Completers

Form A



Wyoming Department of Employment
Research & Planning
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Rev. 12/19/00

Survey Date: January 16, 2001
Please respond by January 31, 2001
We expect this form to take no more than 10 minutes to complete.

Employee: «firstname» «midname» «lastname»

SSN: «ssn»

Work, Pay, and Benefits

1.a. Is this person still employed with your company?

Please check one:

Yes

No

If yes, please proceed to question 2.

If no,

1.b. How long ago did this person leave your employment?

Please check one:

Within the last 4 weeks

More than 4 weeks ago

Please answer questions 2, 9 (a and b), and 10 and return this form in the enclosed self-addressed envelope.

2. When this person was first hired, this person was paid:

\$_____.

per

Hour

(check one)

Week

Two weeks

Month

3. What was this person's pay for the pay period that includes the 12th of January?

\$_____.

per

Hour

(check one)

Week

Two weeks

Month

4. How many hours does this person normally work each week?

_____ Hours

5. Does the employee receive any of the following job benefits? **(Please check all that apply.)**

Paid holidays

Life insurance

Wellness program

Paid vacation

Disability insurance

Educational assistance

Paid sick leave

Health insurance

Employee discounts

Paid personal leave

Dependent health insurance

Tool allowance

Maternity/paternity leave

Dental plan

Uniform allowance

Child care

Vision plan

Other (specify) _____

6. Has your company been provided with replacement wages or tax credits to employ this person?

Yes

No

Over Please

Occupation and Type of Work

«controlnum»

7.a. Last week, what occupation was this person doing? *(For example: registered nurse, personnel manager, supervisor of order department, auto mechanic, accountant – please print in the shaded area.)*

Two rows of shaded boxes for printing the occupation.

7.b. Last week, what were this person’s most important activities or duties? *(For example: patient care, directing hiring policies, supervising order clerks, repairing automobiles, reconciling financial records -- please print in the shaded area.)*

Two rows of shaded boxes for printing the activities or duties.

8. Does the occupation require the following? *(Please check all that apply.)*

- On-the-job training
- Post secondary technical training
- Work experience in related occupations
- Associate’s degree
- Bachelor’s degree
- Master’s degree or professional degree
- Licensure or certification
- None of the above
- Other *(specify)* _____

Skills, Work Habits, and Worker Availability

9.a. How would you rate your overall satisfaction with the employee’s work skills? *(Please check the box that most closely describes your views.)*

- Very Satisfied
- Satisfied
- Dissatisfied
- Very Dissatisfied

9.b. How satisfied are you with the employee’s work habits? *(Please check the box that most closely describes your views.)*

- Very Satisfied
- Satisfied
- Dissatisfied
- Very Dissatisfied

10. Is the available supply of labor for this occupation sufficient and skilled? *(Please comment.)*

Three horizontal lines for providing a comment on labor supply.

Would you like to receive a copy of the statistical report compiled from all of the questionnaire results? *(If so, please print your name in the shaded area.)*

One row of shaded boxes for printing the name.

Thank you.