

# Employer Survey for Follow Up of Educational Program Completers

Form B



Wyoming Department of Employment  
Research & Planning  
P.O. Box 2760  
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(307) 473-3816

Rev. 12/29/00

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. In April, May, & June of 2000, this person was paid (**record the highest rate paid during the 3 month period**):

\$ \_\_\_\_\_.

*per*

Hour

**(check one)**

Week

Two weeks

Month

3. What was this person's pay for the pay period that includes the 12<sup>th</sup> 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.)*

A row of shaded boxes for printing the respondent's name.

**Thank you.**