

# 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

# LWA-14

## Blessing Hospital

### Supplemental Information Survey

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of the Company you are /where laid off from: \_\_\_\_\_

Are you a Veteran?  Yes  No

Is your spouse a Veteran?  Yes  No  Not Married  Surviving Spouse

If yes, is your spouse currently serving in the armed forces?  Yes  No

Current or Most Recent Job Title: \_\_\_\_\_

How many full years of service do you have with this company? \_\_\_\_\_

Would you like individual assistance with any of the following? (Choose all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Finding out what jobs are available              | <input type="checkbox"/> Deciding which school would be best for me |
| <input type="checkbox"/> Understanding how my skills relate to new jobs   | <input type="checkbox"/> Tuition & Books                            |
| <input type="checkbox"/> Deciding what jobs I can do                      | <input type="checkbox"/> Finishing/Obtaining an Associate Degree    |
| <input type="checkbox"/> Learning how to find a new job                   | <input type="checkbox"/> Finishing/Obtaining a Bachelor Degree      |
| <input type="checkbox"/> Dealing with my loss of employment               | <input type="checkbox"/> Finishing/Obtaining a Graduate Degree      |
| <input type="checkbox"/> Helping my family through this current situation | <input type="checkbox"/> Other: _____                               |

