DATE: September 23, 2014

TO: Regional Workforce Board Executive Directors

FROM: Lois A. Scott, Chief, Bureau of One-Stop and Program Support

SUBJECT: Trade-Affected Workers – Training and Reemployment Services Survey

The purpose of this memorandum is to disseminate the Trade Adjustment Assistance (TAA) Trade-Affected Worker – Training and Reemployment Services Survey. This survey, similar to one previously used for dislocated workers, is to be used to collect information from trade-affected-workers who are covered under a certified petition. The survey should be used during the TAA Information Meeting. Information from the survey should assist the Regional Workforce Board (RWB) in identifying the need for additional funding, number of workers in need of training, and help to develop partnership with training providers to accommodate enrollment needs of these individuals who are on a sensitive timeline.

It is suggested that a copy of the survey be maintained in the participant’s official case file, and survey results are compiled as a whole in order to meet the group needs, when appropriate.

If you have any questions regarding this survey, please feel free to contact Mershal Noble at Mershal.Noble@deo.myflorida.com or (850) 921-3317.

LAS/omn
Attachment

cc: Tom Clendenning
    Michael Lynch
    Anita Richardson
TAA TRADE-AFFECTED WORKERS

TRAINING AND REEMPLOYMENT SERVICES SURVEY

The information collected from this survey is confidential and will be used for planning purposes only. Many of the questions are specific to your needs to determine the type of services that you require in order to get you back into the workforce. We will compile and analyze the results individually and collectively to request additional training funds, if needed. These results will also allow us to conduct a preliminary assessment of your needs and begin providing the necessary services for which you qualify. Those fields indicated below with an asterisk (*) are required. Please answer all questions to the best of your ability.

Please Print legibly

*Name___________________________________________  *Last Four of SSN______________
*Address_________________________________________  Phone _________________________
*City__________________________  *State________  *County______________________
Date of Birth__________________________  Sex_________________
Race/Ethnic Group______________________  *Veterans     Yes_______ No______

Trade-affected Employment Information:

*Company Name___________________________________________________________________
*Job Title_______________________________  *Number of years with company________
*Most recent salary___________ Hourly___  Weekly___  Monthly___  Annual___
*What is the expected date of lay off___________________  *Severance Pay _____Yes     ____No
Are you a union member? _____Yes _____No  If yes, union name_________________________
Describe your main job duties__________________________________________________________________________________
__________________________________________________________________________________
List machinery, tools, computer software that you can use_______________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Education and Certifications/Licensure

*Highest school grade completed _______  *Degree/Certificate _____Yes _____No
*If yes to degree/certificate, please specify type(s)__________________________________________________________
Current Certifications/Licensure _______________________________  Expiration Date__________
*Are you currently enrolled in school? ____Yes   ____No   If yes, where and what type of training_______________________________________________________________________________

________________________

Which of the following apply to you?

____Seeking employment interested in training   ____Seeking employment not interested in training

____Not interested in training or employment (Retirement)

____Other (Please explain) ________________________________________________________________________________

__ __

Training and Education Needs

Please check all of the following that apply:

____Choosing a new career    ____GED Preparation

____Job placement assistance   ____Resume writing assistance

____Interview skills assistance   ____Need skills updating

____Computer skills assistance   ____Transportation assistance

____Childcare assistance   ____Other (Please explain) ________________________________________________________________________________

Are you willing to relocate for a new job?  ____Yes   ____No

How many miles are you willing to relocate out of the area? ________

Are you willing to commute daily for a new job?  ____Yes   ____No   If yes, how many miles________

What hourly rate are you willing to accept? ________________

What kind of work are you willing to perform? ______________________________________________

Do you have a valid Driver’s license?  ____Yes   ____No

Barriers/Disabilities

____English is my second language

____Current disability with limitations that may prevent long periods of sitting and lifting

____Current conviction (Felony and/or Misdemeanor)

Privacy Act Statement

The Privacy Act of 1974 requires that you be furnished this statement because you are being asked to furnish your social security number for participation in the Trade Adjustment Assistance (TAA) Program. Under the authority of the Internal Revenue Code of 1954 (26 U.S.C. 85, 6011 (a), 6050B, and 6109(a), 42 U.S.C. 1320b-7 (a)(1) (Social Security Act) and 7 C.F.R. 273.6 disclosure of your social security number is mandatory. Your social security number will be entered in the state management information system through unemployment insurance. Disclosure of your social security number is required by the TAA program for tracking and reporting purposes to the Internal Revenue Service (IRS) and the United States Department of Labor (USDOL) to be used as a record index to process claims, report approved training, waive training requirements, determine eligibility for program benefits that include health coverage tax credit, wage supplement for older workers, trade readjustment allowances, job search and relocation allowances. Refusal to provide your social security number may result in disqualification for benefits only.