



# DISLOCATED WORKER TRANSITIONAL REEMPLOYMENT SERVICES SURVEY

**Instructions:** All information in this survey is **confidential** and will be used for planning purposes only. Many of the questions asked are about the kinds of services that may be helpful to you. We will use the responses from this survey to help create a service proposal that best meets the needs of all affected employees. **Those fields indicated with an asterisk (\*) are required.** Please answer all questions to the best of your ability. Thank you for taking part in this survey.

(PLEASE PRINT)

\*NAME: \_\_\_\_\_ \*LAST FOUR OF SSN: \_\_\_\_\_

\*ADDRESS: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

\*CITY: \_\_\_\_\_ \*STATE: \_\_\_\_\_ \*COUNTY: \_\_\_\_\_ \*ZIP: \_\_\_\_\_

\*DATE OF BIRTH: \_\_\_\_\_

\*VETERAN: YES \_\_\_\_\_ NO \_\_\_\_\_

### INFORMATION ON CURRENT JOB OR JOB OF RECENT LAYOFF:

\*Company Name: \_\_\_\_\_

Dislocation Event#: \_\_\_\_\_ \*Location (City): \_\_\_\_\_

\*Job Title: \_\_\_\_\_ \*Number of years with company: \_\_\_\_\_

\*Most Recent Wage/Salary: \$ \_\_\_\_\_  
\_\_\_\_\_ hourly \_\_\_\_\_ weekly  
\_\_\_\_\_ monthly \_\_\_\_\_ annual

Anticipated layoff date or last day worked: \_\_\_\_\_

Describe your main job duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List machinery, tools, computer software, etc. that you can use:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EDUCATION AND SKILLS:

\*Highest school grade completed: \_\_\_\_\_ \*Degree/Certificate: YES \_\_\_\_\_ NO \_\_\_\_\_

List any formal training or education:

- |   |   |
|---|---|
| _____ Less than High School             | _____ Associate Degree/Professional Certificate |
| _____ High School Graduate/GED          | _____ Bachelor's Degree                         |
| _____ Vocational/Technical/Trade School | _____ Advanced Degree (MA, MS, MBA, PhD, etc.)  |
| _____ Some College (no degree)          |   |

Current Certification/Licensure: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you a union member?: \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, Union name: \_\_\_\_\_ Union number: \_\_\_\_\_

Which of the following options are you considering most seriously now? (Mark all that apply)

- Seek employment in my field  
(not necessarily my same job title)
- Start my own business
- Attend school, work part-time
- Undecided

- Seek employment in a new field
- Retirement
- Other (please explain):  
\_\_\_\_\_  
\_\_\_\_\_

**TRAINING AND EDUCATION NEEDS/ JOB SEARCH SKILLS:**

Are you currently enrolled in a school or training institution?: YES\_\_\_\_NO\_\_\_\_

If yes, where and the type of training that you are receiving: \_\_\_\_\_  
\_\_\_\_\_

Which of the following assistance/services would be most helpful in getting the job you want? (Mark all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Choosing a new career   | <input type="checkbox"/> Career (vocational) counseling                                 |
| <input type="checkbox"/> Vocational classroom training/training in a new job skill     | <input type="checkbox"/> Money management/financial counseling                          |
| <input type="checkbox"/> Starting my own business                                      | <input type="checkbox"/> Family/personal counseling                                     |
| <input type="checkbox"/> Job placement assistance                                      | <input type="checkbox"/> Childcare/dependent care (while looking for work or in school) |
| <input type="checkbox"/> Writing resume/employment letters                             | <input type="checkbox"/> Help with transportation (while looking for work or in school) |
| <input type="checkbox"/> Interviewing skills/filling out applications                  | <input type="checkbox"/> Coping with change   |
| <input type="checkbox"/> Testing to determine job interests and skills                 | <input type="checkbox"/> Information on health insurance coverage                       |
| <input type="checkbox"/> Updating basic skills (Math, English, Reading and/or Writing) | <input type="checkbox"/> Information regarding veteran's benefits                       |
| <input type="checkbox"/> GED preparation   | <input type="checkbox"/> Housing assistance   |
| <input type="checkbox"/> Updating existing skills                                      | <input type="checkbox"/> Other (please specify)_____                                    |
| <input type="checkbox"/> Computer skills   |   |

Would you be interested in attending workshops to learn the latest job seeking methods? YES\_\_\_\_NO\_\_\_\_

Are you willing to relocate for a new job? YES\_\_\_\_NO\_\_\_\_

How many miles are you willing to drive for a new job? \_\_\_\_\_

What is the hourly pay rate you are willing to accept? \$\_\_\_\_\_

What kind of work would you really like to do? \_\_\_\_\_

Do you have a valid driver's license? YES\_\_\_\_NO\_\_\_\_

Have you received public assistance in the last 5 years? YES\_\_\_\_NO\_\_\_\_

**COMMENTS:**

Please tell us anything else about your plans, needs, or training that you feel would be helpful for us to know.

\_\_\_\_\_  
\_\_\_\_\_

In your opinion, were you provided information on resources and/or services available in your area in a timely manner? \_\_\_\_YES\_\_\_\_NO

Please list any suggestions you have to improve the services you received.

\_\_\_\_\_  
\_\_\_\_\_

Please bring this survey to the place and on the date(s) indicated below.

Hand deliver to: \_\_\_\_\_ Date(s): \_\_\_\_\_  
(Place) \_\_\_\_\_

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**Department of Economic Opportunity**

**State Rapid Response Program**

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An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.