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**Cover Sheet**

U.S. Department of Labor/Employment and Training Administration

**Survey of  
One-Stop Career Center Directors**

**Study of Services for and Outreach to Businesses  
Under The Workforce Investment Act**

Interviewer Name \_\_\_\_\_

Date of initial contact: \_\_\_\_\_

Callback dates/times: \_\_\_\_\_  
\_\_\_\_\_

Date of interview: \_\_\_\_\_

Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Interview Completed? \_\_\_\_ Yes \_\_\_\_ No

One-Stop Career Center Name: *(Fill out here and on last page):*

\_\_\_\_\_

One-Stop Location \_\_\_\_\_  
\_\_\_\_\_

DOL Region \_\_\_\_\_

One-stop general tel. # \_\_\_\_\_

Names and titles of contact at One-Stop \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail address \_\_\_\_\_

Tel. # of contact \_\_\_\_\_

Associated WIB: *(Fill out here)*

## Questionnaire

U.S. Department of Labor/Employment and Training Administration

### Survey of **One-Stop Career Center Directors**

#### **Study of Services for and Outreach to Businesses Under The Workforce Investment Act**

**Introduction:** Hello, is this the \_\_\_\_\_ One-Stop Center? *(Fill out in advance)*

Are you located at the following address?

*(Fill out in advance)*

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

Is \_\_\_\_\_ the director of your center? *(Fill in from WIB survey.)*

*(If not)* Who is the director of your center? \_\_\_\_\_ *(Fill in name here and on cover sheet above.)*

May I speak to that person?

*(If not available, ask when he/she might be available, or who is filling in for that person.)*

*(When connected to Center Director:)*

Hello, my name is \_\_\_\_\_ and I work for the Exceed Corporation. We are conducting two surveys on behalf of the U.S. Department of Labor; one of One-Stops, the other of WIBs. I am calling to ask you to respond to a survey on your center's services to businesses. Would you be the best person to respond to this survey? *(The Executive Director should be the best person. But this individual may direct you to someone else. If this person directs you to someone else, you should get in contact with that person, and start over from the top.)*

Your Center has been randomly selected to be part of our sample of 250 One-Stops. We have also talked to the director of your Workforce Investment Board to let that person know we are contacting you, and to ask him/her to participate in our companion WIB survey.

This questionnaire will take about 15 minutes, and it can be done over either the Internet or the telephone. Would you be able to participate in this important survey? \_\_\_\_\_ Yes \_\_\_\_\_ No

*(If yes)* Would you prefer to do it over the phone or via the Internet?

- *(If respondent prefers Internet, proceed with following questions. Otherwise, skip to page 4.)*  
Great, may I have your e-mail address?

\_\_\_\_\_

*(Read back the e-mail address to make sure it is correct.)*

You should receive information on the website for the survey by e-mail today or tomorrow. We would ask that you go to the website and complete the survey within 5 days. If you have difficulty accessing the website or questions about the questionnaire, you can call us at: \_\_\_\_\_

May I confirm some information with you?

Does the \_\_\_\_\_ Workforce Investment Board oversee your One-Stop's activities? \_\_\_\_\_ *(Fill out in advance)*

*(If you are talking to someone other than the Executive Director)* Could you provide me your name and title?

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

Would you be willing to have us follow up with you regarding additional questions or information in the future? \_\_\_\_\_

Okay, we thank you very much for your participation, and you will soon receive the Internet survey via e-mail.

## Telephone Version

- *(If respondent prefers telephone)* Okay, great. Is this a good time? *(If yes, proceed with the questionnaire.)*

*(If no)* When would be a convenient time to call back? \_\_\_\_\_

May I confirm some information with you?

Does the \_\_\_\_\_ Workforce Investment Board oversee your One-Stop's activities? \_\_\_\_\_ *(Fill out in advance)*

*(If you are talking to someone other than the Executive Director)* Could you provide me your name and title?

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

Would you be willing to have us follow up with you regarding additional questions or information in the future? Yes \_\_\_\_\_ No \_\_\_\_\_

**Confidentiality Statement:** Now, before we begin the questionnaire, I'd like to clarify that your responses will be confidential. The information you provide today will be combined with that from the other One-Stop Directors without any unique identifying information, and the Department of Labor will therefore not know which responses are yours.

### Section A. Services and Outreach To Employers

The first question concerns what types of services your One-Stop routinely provides to employers. I will read you a list of services and ask if your One-Stop provides them on an ongoing basis. Please indicate also if they are provided free to employers, and estimate the number of employers who used this service in the past year. You can also indicate if you have any comments or explanation about these services.

A1. Does your One-Stop offer:

**Recruitment, referral, or screening to employers?**

<b><i>(If yes)</i> As part of its recruitment, referral and screening, does your One-Stop:</b>	<b>Is service typically free-of-charge to employers?</b>	<b># Employers using service in past year</b>	
			Comment
<input type="checkbox"/> Take job orders and post vacancies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
<input type="checkbox"/> Perform recruitment activities for employers (e.g., post ads in newspapers, conduct job fairs, conduct mass recruitments, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
<input type="checkbox"/> Refer potential employees to specific employers? <i>(If yes) What referral methods are used?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
<ul style="list-style-type: none"> <li>o Automated job matching</li> <li>o Interviewing applicants prior to referral</li> <li>o Testing or assessing skills and knowledge on behalf of employers</li> <li>o Screening applicants for a company using its specifications</li> <li>o Conducting background checks</li> </ul>			

o Conducting drug or substance abuse screening			
<input type="checkbox"/> Provide outplacement services (e.g., assist with job search) to employees at a company's request?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
<input type="checkbox"/> Other (Specify: _____)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		

A2. Does your One-Stop offer:

**Training services for specific employers or groups of employers?**

<b>(If yes) As part of training services, does your One-Stop offer:</b>	<b>Is service free-of-charge to employers?</b>	<b>Employers using service in past year</b>	
		<b>#</b>	<b>Comment</b>
<input type="checkbox"/> Customized training meeting an employer's specific requirements and provided to potential new hires?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
<input type="checkbox"/> On-the-Job Training (OJT)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
<input type="checkbox"/> Incumbent worker training to meet an employer's specific training needs for current employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
<input type="checkbox"/> Literacy or basic skills training for current or potential workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
<input type="checkbox"/> Internships or work experience slots?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
<input type="checkbox"/> Other (Specify: _____)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		

A3. Does your One-Stop offer:

**Consulting services to employers?**

<b>(If yes) As part of its consulting services, does your One-Stop provide employers:</b>	<b>Is service free-of-charge to employers?</b>	<b>Employers using the service in past year</b>	
		<b>#</b>	<b>Comment</b>
<input type="checkbox"/> Job task analysis to formally identify knowledge, skills and abilities for specific jobs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
<input type="checkbox"/> Training needs assessment, i.e., determining current employees' skills and skill needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
<input type="checkbox"/> Information and training of business staff on DOL-funded One-Stop tools (e.g., ACI-Net, and O-Net)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
<input type="checkbox"/> Specialized analyses of the labor market in your area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
<input type="checkbox"/> Assistance with specific human resource problems, such as high turnover?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
<input type="checkbox"/> Services to retain current or attract new businesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
<input type="checkbox"/> Other (Specify: _____)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		

A4. Is your One-Stop involved in any special project(s) with employers or industry?

- Yes
- No (Skip to A6)

Don't know (Skip to A6)

(If yes) Please describe the project(s) and your role.

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A5. Is your **WIB** involved in these special projects with employers or industry?

- Yes
- No
- Don't know

(If yes) Please describe the project and your role.

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A6. Are there services that employers request, but that your One-Stop cannot or does not provide?

- Yes
- No
- Don't know

(If yes) Please specify the types of services requested, but not provided.

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A7. Of the employers that receive services through your One-Stop, please estimate the percentages that are small, medium, and large businesses? By small, we mean businesses with fewer than 50 employees, medium – 50-499 employees, and large – 500 or more employees.

Size of Employer	Estimated % of Employers Served
Small (less than 50 employees)	%
Medium (50-499) employees	%
Large (500 or more employees)	%
Total	100%

A8. Do you target or market services to specific employers or industries?

- Yes
- No
- Don't know

(If yes) Can you describe the criteria or strategies you use to target industries, and the types of industries you have targeted? \_\_\_\_\_

(Examples include targeting businesses with high growth, clusters of businesses, or industry sectors. Examples of industry sectors include health care, manufacturing, IT etc.)

A9. What methods do you use to determine which employers or industries to target? Do you base your decision on: (Select as many as apply)

- Formal analysis of the local labor market?

- Vacancy information from the local job service office?
- Instructions from your local WIB?
- Information from business contacts?
- Your or your staff's personal observations?
- State labor market information?
- Information from other public agencies/partners (Please specify \_\_\_\_\_)?
- Other (Please specify \_\_\_\_\_)?

A10. I am going to read you a list of some of the outreach methods that some One-Stops use to make employers aware of their regular business services. I would like you to tell me whether your One-Stop uses any of these methods. (Select as many as apply.)

- Distribution of brochures
- Presentations to business groups and associations
- TV or radio ads (including Public Service Announcements (PSAs))
- Newspaper ads
- One-on-one calls or visits to employers
- Outreach to business associations
- Other (Specify: \_\_\_\_\_)

A11. Which of the following organizations or agencies are the most influential in providing policy direction or guidance to you regarding services to and activities with employers?

- Local Workforce Investment Board
- State Workforce Agency
- State Workforce Investment Board
- Chief local elected official, such as a mayor or county director
- Other One-Stop partners
- U.S. Department of Labor
- Other (Specify: \_\_\_\_\_)
- No policy direction/guidance provided
- Don't know

A12. What are the three biggest challenges that your One-Stop has faced in providing employer services to your business community? (List up to three, in descending order of importance.)

Level	Challenges in Implementing Employer Services
Most challenging	
2 <sup>nd</sup> most challenging	
3 <sup>rd</sup> most challenging	

## Section B. Management and Staffing of the Employer Services Function

B1. How does your One-Stop provide services to employers? Do you have:

- Account representatives, i.e., individuals who can answer all questions and handle all One-Stop activities for a particular business?
- Designated or dedicated staff in each program (WIA adult, WIA youth, TANF, etc.) who work with all employers?
- A manager specifically responsible for services and outreach to employers?
- Other (Please describe \_\_\_\_\_)?
- No staff or managers are specifically responsible for services or outreach to employers
- Don't know

B2. How is the business service staff deployed?

- By geographic area
- By industry
- By subject matter (computer applications, ESL, etc.)
- Other (Please specify: \_\_\_\_\_)
- Don't know

B3. Does your One-Stop provide special training in the provision of business services to new staff?

- Yes
- No

(If yes) Does your One-Stop:

- Sponsor orientation workshop(s)/classes?
- Provide new staff with a training manual or instructional materials devoted to employer services?
- Pair new staff with more experienced staff?
- Other (Please specify: \_\_\_\_\_)
- Don't know

B4. Currently, how many staff at your One-Stop provide employer services? \_\_\_\_\_

How many of these employees are

Fulltime: \_\_\_\_\_  
Part-time: \_\_\_\_\_

B5. Please provide an estimate of the percentage of funds in your One-Stop (across all programs) that you expend on services and outreach to businesses? \_\_\_\_\_

B6. What is the major source of funds used to support business services? \_\_\_\_\_

B7. Do you feel you or the One-Stop staff could benefit from training and technical assistance on services and outreach to business?

- Yes
- No

(If yes) What topics would be most helpful? (You can pick more than one.)

- How to market services to employers more effectively
- Different strategies to target specific industries or sectors
- How to develop fee-based services



- Fundraising/grant writing training
- Financial management and budgeting
- Analyzing and designing core business services
- Developing data collection and performance goals for business services
- Other (Please specify: \_\_\_\_\_)

## Section C. Background Information

C1. What type of organization is the operator of your One-Stop Center?

- Employment service/ job service office
- Partnership entity
- Community college
- County or municipal government agency (Please specify \_\_\_\_\_)
- Organization representing businesses (for example, Chamber of Commerce)
- Faith-based or community-based organization
- For-profit entity (Please specify type \_\_\_\_\_)
- Other (Please specify. Example: WIB spin-off agency  
\_\_\_\_\_)

C2. What type of area do you serve?

- Mostly urban
- Mostly rural
- Mostly suburban
- Mixed

C3. On average, about how many individuals does your One-Stop serve per month? \_\_\_\_\_

On average, about how many of these are registered in WIA program services per month?  
\_\_\_\_\_

C4. Can you estimate how many staff overall currently work at this One-Stop (across all partners)?

\_\_\_\_\_

How many of these employees are

Fulltime: \_\_\_\_\_  
Part-time: \_\_\_\_\_

Can you estimate how many are paid with WIA funds? \_\_\_\_\_

C5. What are the three partner organizations that have the most staff working at the One-Stop?

Three Leading Partners	Estimated % of One-Stop Staff

Can you estimate what percentage of FTE (fulltime equivalent) staff in the One-Stop are provided by each of these partners? (Write in right column above.)

C6. When you provide training for employers, which providers do you use? Do you use:

Type of Training Provider	Rank order
<input type="checkbox"/> Community colleges and technical schools?	
<input type="checkbox"/> Four-year colleges/universities?	

<input type="checkbox"/> Independent contractors/consultants?	
<input type="checkbox"/> In-house trainers (working for employer receiving training)?	
<input type="checkbox"/> Not-for-profit community-based organization?	
<input type="checkbox"/> One-Stop staff (e.g., WIA, ES, or other partnering agency staff)?	
<input type="checkbox"/> Private for-profit (proprietary) school/trade school?	
<input type="checkbox"/> Unions?	
<input type="checkbox"/> Other (Specify: _____)?	

*(If more than one is selected, ask respondent to rank order the three that are used most frequently. Provide ranks in column on right.)*

C7. Does your One-Stop collect data on business services?

- Yes
- No (Skip to C9)
- Don't know (Skip to C9)

Please specify the types of services tracked in your data system:

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C8. How does your One-Stop collect and track business service data?

- On hard-copy files
- Electronically, via a centralized database
- Electronically, but not centralized (i.e., each account rep maintains his/her own files)
- Other (Specify: \_\_\_\_\_)

C9. What was the estimated total annual budget for your One-Stop in the last program year (PY 2003, i.e., (7/1/2003-6/30/2004)? \$\_\_\_\_\_

**Section D. General Comments**

D1. Do you have any outstanding or promising practices in your One-Stop relating to employer services, outreach to business and industry, or other activities?

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Would you be willing to be contacted about these practices?

- Yes
- No

D2. Do you have any additional information to provide, or any comments about employer services or engagement with business and industry in your One-Stop?

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That concludes the questions for our survey. Thank you again for your time and the valuable information you have provided.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:

Jonathan Morancy at (301) 731-3790 or [jmorancy@exceedcorporation.com](mailto:jmorancy@exceedcorporation.com) or

Nancy Teed at (301) 731-3790 or [nteed@exceedcorporation.com](mailto:nteed@exceedcorporation.com)

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