

**SCSEP Employer  
Customer Satisfaction Survey**

OMB Approval Number: 1205-0040

Expiration Date: 08/31/09

**EMPLOYER CUSTOMERS**

The Older Worker Program, also known as the Senior Community Service Employment Program (SCSEP), wants to provide the highest quality services to its customers. You can help us improve our services by answering the following questions. Please be completely honest. Your answers will be strictly confidential. Unless the question directs you otherwise, please answer each question on the basis of your most recent experience with the Older Worker Program.

Choose the number on the scale below each question that best represents your opinion. Thank you in advance for your help.

1. Utilizing the scale of 1 to 10 below, what is your overall satisfaction with the services provided by the Older Worker Program? (Choose one number)

Very dissatisfied										Very	Didn't satisfied receive
1	2	3	4	5	6	7	8	9	10		90

2. Considering all of the expectations you may have had about the services of the Older Worker Program, to what extent have the services met your expectations? (Choose one number)

Falls short										Exceeds	Didn't receive
1	2	3	4	5	6	7	8	9	10		90

3. Now, think about the ideal services for people in your circumstances. How well do you think the services you received compare with the ideal services? (Choose one number)

Not at all close										Very close	Didn't receive
1	2	3	4	5	6	7	8	9	10		90

4. The Older Worker Program staff gave me all the information I needed to understand the Older Worker Program. (Choose one number)

Strongly disagree										Strongly agree	Not applicable
1	2	3	4	5	6	7	8	9	10		90

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ETA-9124 – Part C  
(June 2004)

Your responses are confidential, and we appreciate your time and assistance. This voluntary information has been approved by the Office of Management and Budget under OMB approval number 1205-0040, expiring 08/31/2009. Without this approval, we would not be able to conduct this survey. The time needed to complete the survey is estimated to average six (6) minutes. If you have any comments regarding this estimate or any other aspect of this survey, including suggestions for reducing this burden; please send them to the U.S. Department of Labor, Division of Adult Services, Room S-4203, 200 Constitution Avenue, NW, Washington, DC 20210 (Paperwork Reduction Project 1205-0040).

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5. Would you say that the Older Worker Program staff that made the job referral(s) had a good understanding of your business needs? (Choose one number)

1	2	3	4	9
Staff had little or no understanding	Staff had some understanding	Staff had good understanding	Staff had great understanding	Don't know

6. Would you say that the job applicant(s) referred by the Older Worker Program had the necessary skills for the job? (Choose one number)

1	2	3	4	9
Applicant(s) had few or none of the necessary skills	Applicant(s) had some of the necessary skills	Applicant(s) had many of the necessary skills	Applicant(s) had virtually all of the necessary skills	Don't know

7. The Older Worker Program staff stayed in touch with me after I hired the applicant to make sure that everything was going well. (Choose one number)

Strongly disagree									Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90

8. How many of the older workers hired with the assistance of the Older Worker Program came with the basic computer skills they need? (Choose one number)

1	2	3	4	8	9
None of the workers	Few of the workers	Some of the workers	Nearly all the workers	Didn't need any computer skills	Don't know

9. Did any of the older workers you hired with the assistance of the Older Worker Program require supportive services, such as assistance with housing, transportation, or medical needs? (Choose one answer)

Yes       No (Skip to question #11)       Don't know (Skip to question #11)

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