## ATTACHMENT M.3

## PARTICIPANT INFORMATION SURVEY: EMPLOYER FOCUS GROUP

OMB CONTROL NO.: 0584-XXXX EXPIRATION DATE: 00/00/20XX

## EMPLOYER FOCUS GROUP: EMPLOYER PARTICIPANT SURVEY

Emp	-	r characteristics t type of business is your employer?	
		Private company Nonprofit Government	
2.	In what industry is your business?		
		Agriculture, fishing, forestry, mining, or oil and gas extraction Construction Educational services Financial activities, including finance, insurance, real estate, and rental Government/public administration Health care and social assistance Information, including telecommunications, publishing, and data processing Leisure, hospitality, and tourism, including accommodations, food service, entertainment, and recreation Manufacturing Military Professional and business services Retail and wholesale trade Transportation, warehousing, and utilities Services (for example, installation, maintenance and repair) Other, Specify:	
3.	Num	ber of employees?	
		0–50 51–250 More than 250	
Emp	loyeı	r training services	
4.		t types of training and/or workforce development services has your business provided to participants?	
		On-the-job training (generally a portion of the worker's salary is reimbursed) Paid work experience (generally all of the worker's salary is reimbursed) Job shadowing Apprenticeships	

		Internships
		Other, Specify:
5.	Шаа	very bysiness verylad with public verylatous programs in the past?
э.	Has	your business worked with public workforce programs in the past?
		Yes
		No
		Not sure
6.	[If y	res to 5] With what programs has your business worked?
		Workforce Investment Act (WIA)
		Trade Adjustment Assistance (TAA)
		Employment Services (ES)
		Department of Labor Veterans
		Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T)
		Temporary Assistance for Needy Families (TANF)
		Other, Specify:
7.		res to 5] How many E&T participants have been part of a training program at your ness?
		1–5
		6–10
		11–20
		20–50
		51–100
		More than 100

## Public Burden Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-xxxx. The time required to complete this information collection is estimated to average 10 minutes including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding