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

Employer characteristics

**1. What 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. Number of employees?**

* 0–50
* 51–250
* More than 250

Employer training services

**4. What types of training and/or workforce development services has your business provided to E&T 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. Has your business worked with public workforce programs in the past?**

* Yes
* No
* Not sure

**6. [If yes 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. [If yes to 5] How many E&T participants have been part of a training program at your business?**

* 1–5
* 6–10
* 11–20
* 20–50
* 51–100
* More than 100

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