

ATTACHMENT M.3

PARTICIPANT INFORMATION SURVEY:
EMPLOYER FOCUS GROUP

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

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