**NEW EMPLOYEE SURVEY**

**Survey 1: The Hiring Process**

*This survey is to be completed as soon as possible after the Entry On Duty (EOD). If the formal orientation occurs immediately after EOD and last only a day or two, this survey may be combined with the next.*

*Asterisked items assess Hiring Reform metrics.*

[Welcome letter]

**Instructions**

This survey assesses your satisfaction with the hiring process used by [Agency]. The hiring process spans the time from when you first heard of the job opening to your first day in your new position. Please answer honestly, as your feedback will be used to improve the hiring process and make [Agency] a better place to work. Your responses will be anonymous: [Agency] will receive results only for groups of at least 10.

**General Survey Instructions**

**Caution: If you click the browser's Refresh or Reload buttons you will clear your latest responses from the page you are on. To ensure your survey responses are not lost, please click on the Save button to save the survey if you cannot complete the entire survey in one sitting. On the Last page of the survey there is a Send/Submit button. Send/Submit sends/submits a copy of the survey to be included in the agency results. Once you click on Send/Submit, you will not be able to access your survey again for any reason.**

**Buttons that are available on the bottom of each survey page are:**

* **Previous** takes you to the previous page in the survey,
* **Next** takes you to the next page in the survey,
* **Save** saves the survey on the system so you can continue at a later time,
* **1 | 2 | 3...Last** takes you to that page of the survey,
* **Quit** allows you to quit the survey and gives you the option to **Return** and continue with the survey, **Quit** the system, or **Save** your current survey (after which you may continue with the survey or exit the system).

**Privacy Act Statement**

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement informs you of why OPM is requesting the information from you.

**Authority:**

OPM is authorized to collect the information requested pursuant to 5 U.S.C. § 4702 – Research Programs.

**Purpose:**

OPM is requesting this information to improve methods in Federal personnel management, workforce effectiveness, and/or agency effectiveness. OPM will use this information to evaluate employee perceptions about the workplace and identify strategies to help improve the work environment.

**Routine Uses:**

In any public release of survey results, no data will be disclosed that could be used to match your responses with your identity. The information requested may be shared externally as a “routine use” as specified in the system of records notice associated with this collection of information, OPM GOVT-6, Personnel Research and Test Validation Records, [OPM GOVT-6](https://www.opm.gov/information-management/privacy-policy/sorn/opm-sorn-govt-6-personnel-research-and-test-validation-records.pdf).

**Consequences of Failure to Provide Information:**

Providing this information is completely voluntary and there is no penalty if you choose not to respond. However, maximum participation is encouraged so that the data will be complete and representative.

**Public Burden Statement**

We think providing this information takes an average of 10 minutes per respondent to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed survey. Send comments regarding our estimate or any other aspect of this survey, including suggestions for reducing completion time, to the Office of Personnel Management (OPM), Reports and Forms Officer, Paperwork Reduction Project (3206-0252), Washington, D.C. 20415. The OMB number 3206-0252 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

**Satisfaction with the Hiring Process**

1. \*Where did you first hear about the job opening?
   * USA jobs
   * Agency website/intranet
   * Other website (e.g., Craigslist, Monster Jobs)
   * A friend or acquaintance
   * Supervisor or coworker
   * Job fair
   * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Do Not Know |
| 1. \*The job announcement was clear and understandable. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. The instructions for applying were clear and understandable. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. I understood what documents and materials were required to apply for this position. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. The application assessments/tests were appropriate for this job. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. \*I received prompt acknowledgement that my application had been received. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. \*I received regular updates on the status of my application. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. I had adequate access to staff who could answer my questions. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. \*It was easy to apply for this job. | ○ | ○ | ○ | ○ | ○ | ○ |

1. Did you contact someone with questions?
   * Yes
   * No

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***If yes . . .*** | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Do Not Know |
| 1. \*The people I spoke with provided timely responses to my questions. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. \*The people I spoke with were knowledgeable. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. The people I spoke with treated me with courtesy and respect. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. The people I spoke with provided me with accurate information. | ○ | ○ | ○ | ○ | ○ | ○ |

1. Did you experience any problem with your application?
   * Yes
   * No

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***If yes . . .*** | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Do Not Know |
| 1. I am satisfied with the way my problem was resolved. | ○ | ○ | ○ | ○ | ○ | ○ |

**The following items ask about the timeliness of the three phases of the hiring process: (1) the time needed to complete the application process (e.g., complete application and assessments, submit supporting documentation); (2) the time it took to hear that you had been selected, after you completed all of your application; and (3) the time until you could start work, after being selected.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Do Not Know |
| 1. \*I am satisfied with the time it took to complete the application process. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. \*I am satisfied with the time it took from completing my application to when I heard that I had been selected. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. \*I am satisfied with the time it took from being selected to when I could start my new job. | ○ | ○ | ○ | ○ | ○ | ○ |

**Overall Satisfaction and Comments**

1. Overall, how satisfied are you with the hiring process you just went through?
   * Very Dissatisfied
   * Dissatisfied
   * Neutral
   * Satisfied
   * Very Satisfied
2. What worked well with the hiring process?
3. What would you change about the hiring process?

**Background Information**

The items in this section will be used to analyze the results for groups of at least 10 people. Responses will **not** be used to identify individual employees.

1. Rank the top 3 reasons you decided to take this job:

* The kind of work you expect to be doing
* The importance of the mission
* The kind of people you expect to be working with
* Developmental opportunities
* Salary
* Benefits (e.g., insurance, retirement, on-site daycare)
* Job security
* Work flexibilities (e.g., telework, alternative work schedules)
* Job location
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Where did you work prior to starting this job?

* In another part of this agency
* In another government agency
* In the private sector
* This is my first job
* Other

1. How long had you worked in your previous job?
   * Not applicable; this is my first job
   * Less than 1 year
   * 1 – 5 years
   * 6 – 10 years
   * 11 years or more
2. How many different government jobs did you have before this one?
   * None
   * 1
   * 2
   * 3 or more
3. What is the supervisory level of your new job?
   * Non-supervisory
   * Team leader
   * First-line supervisor
   * Manager
   * Executive
4. What type of position is your new job?
   * Career/Permanent
   * Temporary
   * Term
   * Student Trainee
   * Other
   * Not sure
5. What is your age?
   * Less than 20
   * 20-29
   * 30-39
   * 40-49
   * 50-59
   * 60 or over
6. Are you male or female?

* Male
* Female

1. Are you Hispanic or Latino?
   * Yes
   * No
2. What is your race? (Select one or more)
   * American Indian or Alaska Native
   * Asian
   * Black or African American
   * Native Hawaiian or Other Pacific Islander
   * White

**Survey 2: Formal Orientation**

*To be completed immediately after the formal orientation is complete. If the formal orientation is short, this survey may be combined with the previous survey.*

**Instructions**

This survey assesses your satisfaction with the formal job orientation you just received. Please answer honestly, as your feedback will be used to improve the orientation and make [Agency] a better place to work. Your responses will be anonymous: [Agency] will only receive results for groups of at least 10.

**Privacy Act Statement**

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement informs you of why OPM is requesting the information from you.

**Authority:**

OPM is authorized to collect the information requested pursuant to 5 U.S.C. § 4702 – Research Programs.

**Purpose:**

OPM is requesting this information to improve methods in Federal personnel management, workforce effectiveness, and/or agency effectiveness. OPM will use this information to evaluate employee perceptions about the workplace and identify strategies to help improve the work environment.

**Routine Uses:**

In any public release of survey results, no data will be disclosed that could be used to match your responses with your identity. The information requested may be shared externally as a “routine use” as specified in the system of records notice associated with this collection of information, OPM GOVT-6, Personnel Research and Test Validation Records, [OPM GOVT-6](https://www.opm.gov/information-management/privacy-policy/sorn/opm-sorn-govt-6-personnel-research-and-test-validation-records.pdf).

**Consequences of Failure to Provide Information:**

Providing this information is completely voluntary and there is no penalty if you choose not to respond. However, maximum participation is encouraged so that the data will be complete and representative.

**Public Burden Statement**

We think providing this information takes an average of 10 minutes per respondent to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed survey. Send comments regarding our estimate or any other aspect of this survey, including suggestions for reducing completion time, to the Office of Personnel Management (OPM), Reports and Forms Officer, Paperwork Reduction Project (3206-0252), Washington, D.C. 20415. The OMB number 3206-0252 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

**Satisfaction with Specific Elements of the Orientation**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **How satisfied are you with the following components of the orientation?** | Very Dissatisfied | Dissatisfied | Neutral | Satisfied | Very Satisfied | Do Not Know |
| 1. Salary and benefits | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. Organizational Policies | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. Key contacts in the organization (e.g., Human Resource, Employee Assistance Program) | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. *[and other custom items]* | ○ | ○ | ○ | ○ | ○ | ○ |
|  | ○ | ○ | ○ | ○ | ○ | ○ |
|  | ○ | ○ | ○ | ○ | ○ | ○ |
|  | ○ | ○ | ○ | ○ | ○ | ○ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Do Not Know |
| 1. I understand the organization’s, mission, vision and values. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. I know what the organization’s goals and priorities are. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. I understand how the organization operates (e.g., its structure, its leadership hierarchy). | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. I know what my job responsibilities will be. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. I know what I have to do to be successful in my new job. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. Based on communications before my start date, I knew what to expect of my first few days. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. Preparations were made for my first day (e.g., my workspace was ready, I was expected). | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. On my first day, I was made to feel welcome. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. The orientation process was clear and well designed. | ○ | ○ | ○ | ○ | ○ | ○ |

**Overall Satisfaction and Comments**

1. Overall, how satisfied are you with the orientation you received?
   * Very Dissatisfied
   * Dissatisfied
   * Neutral
   * Satisfied
   * Very Satisfied
2. Use the following space to describe what else should be covered in the orientation.
3. Use the following space to describe what you liked about the orientation.
4. Use the following space to describe what you did not like about the orientation.

**Survey 3: Beginning Socialization**

*To be completed approximately one month after EOD.*

**Instructions**

This survey assesses the experiences you’ve had in your first month in your new position. Please answer honestly, as your feedback will be used to improve the experiences of new hires, and to make [Agency] a better place to work. Your responses will be anonymous: [Agency] will only receive results for groups of at least 10.

**Privacy Act Statement**

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement informs you of why OPM is requesting the information from you.

**Authority:**

OPM is authorized to collect the information requested pursuant to 5 U.S.C. § 4702 – Research Programs.

**Purpose:**

OPM is requesting this information to improve methods in Federal personnel management, workforce effectiveness, and/or agency effectiveness. OPM will use this information to evaluate employee perceptions about the workplace and identify strategies to help improve the work environment.

**Routine Uses:**

In any public release of survey results, no data will be disclosed that could be used to match your responses with your identity. The information requested may be shared externally as a “routine use” as specified in the system of records notice associated with this collection of information, OPM GOVT-6, Personnel Research and Test Validation Records, [OPM GOVT-6](https://www.opm.gov/information-management/privacy-policy/sorn/opm-sorn-govt-6-personnel-research-and-test-validation-records.pdf).

**Consequences of Failure to Provide Information:**

Providing this information is completely voluntary and there is no penalty if you choose not to respond. However, maximum participation is encouraged so that the data will be complete and representative.

**Public Burden Statement**

We think providing this information takes an average of 10 minutes per respondent to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed survey. Send comments regarding our estimate or any other aspect of this survey, including suggestions for reducing completion time, to the Office of Personnel Management (OPM), Reports and Forms Officer, Paperwork Reduction Project (3206-0252), Washington, D.C. 20415. The OMB number 3206-0252 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

**Your Experiences**

|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Do Not Know |
| --- | --- | --- | --- | --- | --- | --- |
| 1. I have received the necessary specialized training (e.g., phone systems, security policies, computer programs). | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. My coworkers have made me feel accepted. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. My new supervisor has helped ease my transition into this job. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. I was able to start contributing to my organization during my first week. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. The work I’ve been doing has been what I expected it to be. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. I think my skills and abilities are a good match for this job. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. I have been given challenging assignments. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. I know what is expected of me on the job. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. I think this organization’s mission is important. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. Public service is important to me. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. I think I will fit in well with the people here. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. I think I will fit in well with the culture here. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. I have been satisfied with my new supervisor. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. I think I will be satisfied in this organization. | ○ | ○ | ○ | ○ | ○ | ○ |

1. If you were assigned a mentor or buddy, how satisfied have you been with that relationship?
   * Not applicable; I did not have a mentor or buddy
   * Very Dissatisfied
   * Dissatisfied
   * Neutral
   * Satisfied
   * Very Satisfied
2. Overall, how satisfied are you with your first month in your new job?
   * Very Dissatisfied
   * Dissatisfied
   * Neutral
   * Satisfied
   * Very Satisfied
3. How long do you expect to be working here?

* One or two years
* Three to five years
* Six to ten years
* More than ten years
* Don't know/Not sure

1. What about your first month on the job has worked well?
2. What would you change about your first month on the job?

**Survey 4: Follow-Up Socialization**

*To be completed approximately six months after EOD. This survey may be repeated after 12 months.*

**Instructions**

This survey assesses the experiences you’ve had in your first six months in your new position. Please answer honestly, as your feedback will be used to improve the experiences of new hires, and to make [Agency] a better place to work. Your responses will be anonymous: [Agency] will only receive results for groups of at least 10.

**Privacy Act Statement**

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement informs you of why OPM is requesting the information from you.

**Authority:**

OPM is authorized to collect the information requested pursuant to 5 U.S.C. § 4702 – Research Programs.

**Purpose:**

OPM is requesting this information to improve methods in Federal personnel management, workforce effectiveness, and/or agency effectiveness. OPM will use this information to evaluate employee perceptions about the workplace and identify strategies to help improve the work environment.

**Routine Uses:**

In any public release of survey results, no data will be disclosed that could be used to match your responses with your identity. The information requested may be shared externally as a “routine use” as specified in the system of records notice associated with this collection of information, OPM GOVT-6, Personnel Research and Test Validation Records, [OPM GOVT-6](https://www.opm.gov/information-management/privacy-policy/sorn/opm-sorn-govt-6-personnel-research-and-test-validation-records.pdf).

**Consequences of Failure to Provide Information:**

Providing this information is completely voluntary and there is no penalty if you choose not to respond. However, maximum participation is encouraged so that the data will be complete and representative.

**Public Burden Statement**

We think providing this information takes an average of 10 minutes per respondent to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed survey. Send comments regarding our estimate or any other aspect of this survey, including suggestions for reducing completion time, to the Office of Personnel Management (OPM), Reports and Forms Officer, Paperwork Reduction Project (3206-0252), Washington, D.C. 20415. The OMB number 3206-0252 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

**Your Experiences**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Do Not Know |
| 1. I like the kind of work I’m doing. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. My skills and abilities are a good match for this job. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. I have been given challenging assignments. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. I know what is expected of me on the job. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. This organization’s mission is important. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. Public service is important to me. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. I fit in well with the people here. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. I fit in well with the culture here. | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. I am satisfied with my supervisor. | ○ | ○ | ○ | ○ | ○ | ○ |

1. Overall, how satisfied are you with your job?
   * Very Dissatisfied
   * Dissatisfied
   * Neutral
   * Satisfied
   * Very Satisfied
2. Overall, how satisfied are you in this organization?
   * Very Dissatisfied
   * Dissatisfied
   * Neutral
   * Satisfied
   * Very Satisfied
3. How do all your experiences in your organization to date compare with what you expected?

* Much worse than expected
* Worse the expected
* About as expected
* Better than expected
* Much better than expected

1. Are you considering leaving your organization?
   * No
   * Yes, to retire
   * Yes, to take another job elsewhere in my agency
   * Yes, to take another job in the Federal government
   * Yes, to take another job in the private sector
   * Yes, other
2. What do you like about working here?
3. Based on your experiences so far, what would you change about the organization?