

**SCSEP Employer  
Customer Satisfaction Survey**

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**HOST AGENCY EMPLOYERS**

You recently hired an older worker who was a participant in the Older Worker Program, also known as the Senior Community Service Employment Program (SCSEP) or Title V of the Older Americans Act. The participant was assigned to your organization or another host agency for training before you hired the participant. This survey requests your feedback as an employer of a SCSEP participant, not in your role as a host agency training site.

The Older Worker 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 frank. Your answers will be kept private to the extent permitted by law and used for program evaluation and improvement purposes only. Unless the question directs you otherwise, please answer each question based on your experience hiring the participant identified in the cover letter accompanying this survey. If there is someone else in your organization better suited to answer the survey, please give that person the survey to complete.

**Please fill in your response to each answer like this: ●, NOT this ☑**

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 below, what is your overall satisfaction with the services provided by the Older Worker Program/SCSEP? (Choose one number)

Very dissatisfied										Very satisfied	Didn't 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/SCSEP, to what extent have the services met your expectations? (Choose one number)

Fall short										Exceed	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	

**Please continue on other side** 

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Completion of this survey is completely voluntary, and information collected will be kept private to the extent permitted by law and used for program evaluation purposes only. Thank you for your participation. 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, Office of Workforce Investment, Room C-4510, 200 Constitution Avenue, NW, Washington, DC. (Please do **not** return surveys to this address.)

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4. The participant we hired generally had the skills necessary to start the job. (Choose one number)

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

5. At the time you hired the older worker, would you have liked the individual to have been better prepared in any of these areas? (Choose Yes, No, or N/A for each statement)

Basic computer knowledge	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Basic employability skills, like how to dress, how to interact with co-workers and supervisors, and punctuality	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Knowledge of what the job required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
How to behave with our customers or clients	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Job-specific skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

6. Someone from the Older Worker Program/SCSEP contacted us after we hired the participant. (Choose one answer)

Yes                       No                       Don't know

7. Did the older worker you hired require supportive services, such as assistance with transportation, uniforms, safety equipment, or health services? (Choose one answer)

Yes                       No                       Don't know

8. Programs like the Older Worker Program/SCSEP are valuable for maintaining a wide range of ages in my workplace. (Choose one number)

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

**If the Older Worker Program/SCSEP referred the older worker participant to you or otherwise assisted you with the hiring process, please answer Questions 9-11 that follow immediately. If the older worker came to you on his or her own, skip to questions 12 and 13.**

9. The Older Worker Program/SCSEP staff that referred the participant for the job had a good understanding of my business needs. (Choose one number)

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

**Please continue on next page**

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10. Which of the following factors influenced your decision to hire the participant? (Choose Yes, No, or N/A for each statement)

- |  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| The older worker had already proven a good fit during his/her time as a trainee. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| The local SCSEP program stays in touch about my hiring needs                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| The local program could fill my job openings quickly                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| The local program has people with the right skills                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| The local program has people with good attitudes and work habits                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| The local program does a good job in screening applicants                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

11. The Older Worker Program/SCSEP staff stayed in touch with us after we hired the participant to make sure that everything was going well.

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

**Please answer these final questions whether or not the Older Worker Program/SCSEP staff assisted you in the hiring of this older worker.**

12. Based on your experience, what makes programs that assist older workers with re-entry into the workforce, like the Older Worker Program/SCSEP, most effective?

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13. Based on your experience, what changes would you recommend to make the Older Worker Program/SCSEP more effective in helping older workers with re-entry into the workforce?

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**Thank you for taking the time to complete this survey.**