



American Job Center Hawaii Dislocated Worker Survey Questionnaire

To help us respond to your employment needs, and to help us plan and design your service package, please complete this questionnaire.

Employer:

Location of Job Site (Zip Code):

Hawaii Island Kauai Lanai Maui Molokai Oahu

1. What was/is your job title with the employer?

2. What was/is your salary/wage? per Hour Month Year

3. What were/are your duties and responsibilities?

4. Are you seeking jobs similar to what you've been doing? Yes No

5. If no, what other jobs are you interested in doing?

6. Are you interested in résumé writing? Yes No

7. Are your interested in job search workshops? Yes No

8. Are you interested in job training? Yes No

9. If yes, what job-related trainings are you interested in?

10. Are you currently attending school or job training? Yes No

11. If yes, what type of training are you taking?

12. If yes, what is the name of the school or training organization?

13. Are you a veteran? Yes No

14. If yes, do you have a service-connected disability? Yes No

Rate the following activities on a scale of 1 to 5, with 1 being least important and 5 being most important.

15. Find a job as soon as possible. 1 2 3 4 5
-
16. Attend a workshop on preparing for a job interview. 1 2 3 4 5
-
17. Attend a workshop on where to look for jobs. 1 2 3 4 5
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18. Attend a workshop on how to use a computer for job search. 1 2 3 4 5
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19. Attend short-term job training to learn a new skill. 1 2 3 4 5
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20. Attend training to improve English speaking and writing abilities. 1 2 3 4 5
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21. Obtain a GED or high school diploma. 1 2 3 4 5
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22. Obtain formal education for a new occupation or trade. 1 2 3 4 5
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23. Learn about Unemployment Insurance benefits. 1 2 3 4 5
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24. Learn about health insurance and/or health care assistance. 1 2 3 4 5
-
25. Learn about child care assistance/support. 1 2 3 4 5
-
26. Learn about financial assistance and/or food stamps. 1 2 3 4 5
-
27. Learn about financial management, budgeting, and/or credit counseling to avoid bankruptcy or foreclosure. 1 2 3 4 5
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28. Learn about veterans' benefits. 1 2 3 4 5
-
29. Receive assistance in family/personal counseling. 1 2 3 4 5
-
30. Receive assistance in personal stress management. 1 2 3 4 5
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31. Do you have any concerns regarding your situation?

Your Name:

Phone Number:

E-mail Address:

Mailing Address: