



Workforce System Employer Satisfaction Survey

You are receiving this survey either as a customer of the Workforce System including partners or as a registrant on www.kansasworks.com. Please tell us about the workforce services you have received from the KANSASWORKS / Public Workforce System. The results from this survey will be tallied and provided to the Kansas WorkforceONE Board of Directors to improve services provided within the Local Area I Workforce System. The Kansas WorkforceONE Board may contact you to follow-up on the results provided in this survey. Personal information will be kept confidential and results will not be tied to individual respondents.

Company Name: **Date of Service:**

Contact Name:

Address #1:

Address #2:

City: **State:** **Zip Code:**

Email Address: **Phone Number:**

Have you received personal assistance with your company’s workforce issues from either KansasWORKS, Vocational Rehabilitation (including placement providers), Adult Education, Department of Commerce or Kansas WorkforceONE:

- Yes
- No

If no, what has prevented your company from utilizing the public workforce system services?

- Location
- Hours
- Unaware of services
- Previous unsatisfactory service
- Other, please explain:

If yes, please complete the survey questions below:

Date of Visit:

Partner Providing the Service:

- KANSASWORKS Job Search
- WIOA Training (Adult/Dislocated Worker)
- Vocational Rehabilitation
- Unemployment Insurance
- WIOA KansasYouthWORKS
- DCF – SNAP and TANF
- Veterans services
- Trade Adjustment Act
- Older worker services
- Adult Education
- Other

Location of Service (City):

What services did you receive from the public workforce system? (✓ All that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Recruitment | <input type="checkbox"/> Assessment | <input type="checkbox"/> Other, please explain:
<div style="border: 1px solid black; height: 60px; width: 100%;"></div> |
| <input type="checkbox"/> Job Order Posted on KansasWorks.com | <input type="checkbox"/> Employee Workshops | |
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> Unemployment information | |
| <input type="checkbox"/> Customized Training/ On-the-Job Training | <input type="checkbox"/> Rapid Response / Lay-off Facilitation | |
| <input type="checkbox"/> Applicant Screening | | |
| | | |

Please rate the service you received:

	Poor 1	2	3	4	Excellent 5
1. Promptness of Service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Courtesy of Staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Quality of Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Knowledge of Staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Resources available to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Facility atmosphere and cleanliness? (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For any rating below a 5, please explain why:

How often do you utilize public workforce system services?

- Daily Weekly Monthly First Visit Other _____

Do you feel that the services you received helped you achieve your company's employment needs? Yes No

If no, please explain:

Will you recommend public workforce system services to colleagues with similar needs? Yes No

If no, please explain:

Please add any comments you would like to make including suggestions for improving our programs and services or ideas for new programs and services

Comments:

Would like us to contact you about this survey? YES NO

SUBMIT

Thank you for Participating in this Survey.