



## 2016 Employer Workforce Needs Assessment

Please select the business/industry category that represents your organization:

Category	Response (✓)
Advanced Manufacturing	
Healthcare	
Business & Financial Services	
Education	
Transportation/Logistics	
Building and Construction	
Energy	
Information Technology	
Social Services	
Hotel/Restaurant	
Hospitality/Tourism	
Non-profit	
Other	

Please select the number of employees in your organization:

Number of Employees	Response (✓)
1-5	
6-10	
11-20	
21-50	
51-75	
76-99	
100-199	
200-299	
300+	

**Please indicate your company's training needs for each general category**

***Basic Skills Training***

Topic	Response (✓)
Computer	
Communication (written/oral)	
Math	
Customer Service	
Work Readiness	
Basic Equipment Operations	
None	
Other:	

***Health, Safety, and/or Environmental***

Topic	Response (✓)
OSHA	
HAZMAT	
First Aid/CPR	
Lock-Out/Tag-Out	
Food Safety	
Fire Safety	
Ergonomics	
Emergency Evacuations	
Blood Borne Pathogens	
None	
Other:	

***Interpersonal Relationship Skills***

Topic	Response (✓)
Verbal/Interpersonal Communications	
Written Communications	
Critical Thinking	
Conflict Management	
Problem-solving	
Teamwork	
Time Management	
None	
Other:	

**Management and Supervisory**

Topic	Response (✓)
Strategic Planning	
Leadership	
Project Management	
Supply Chain/Inventory Management	
Human Resource Management	
Financial Management/Budgeting	
Legal Aspects of Business Management	
Key Performance Indicators	
None	
Other:	

**Quality and Continuous Improvement**

Topic	Response (✓)
Quality Management Standards	
Lean Manufacturing	
Six Sigma	
Lean Sigma	
Statistical Analysis	
Process Failure Mode and Effect Analysis	
None	
Other:	

**Please list training needs specific to your company (not addressed in the questions above):**

**Company Name:** \_\_\_\_\_

Topic	Response
None	
Other:	

**What occupation(s) in your company has the highest training priority?**

Occupation	
None	
Other:	

**What methods/mediums do you prefer for training your staff?**

Method	
Classroom	
On the job	
On-line	
Mentor/Apprenticeship	
None	
Other:	

**Please indicate any barriers affecting your ability to train your staff**

Barrier	
Time	
Cost/Budget	
Class Schedules	
Locating a trainer	
None	
Other:	

**Please indicate what training grants/funds you utilized in the past**

<b>Training Funds</b>	<i>List contact information below, if interested in obtaining grant information</i>
On the Job training grant (new hires)	
WEDNet PA (incumbent workers)	
JARI training grants & free and shared training programs	
Southern Alleghenies Workforce Development Job 1 <sup>st</sup> grant classes	
PA CareerLink free workshops	
None	
Other:	

**Recruitment Questions**

**Please list current job openings:**

<b>Occupation</b>	<b>Education Level/Experience</b>
None	
Other:	

**Please list occupations that you plan on hiring over the next 24 months**

<b>Occupation</b>	<b>Education Level/Experience</b>
None	
Other:	

**What method do you use to recruit new employees?**

Method	
Career Link	
Local Newspaper/Radio/TV	
Professional Associations	
Internet sites	
Company Website	
Job fairs	
None	
Other:	

**Please note any barriers affecting your hiring needs:**

Barrier	
None	
Other:	

**Please note additional comments related to recruitment and training:**

Please return survey to Suzanne via e-mail at [sgrove@jari.com](mailto:sgrove@jari.com) or fax to 814.535.8677.

**THANK YOU!**