

**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**

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

**Recruitment Questions**

**Please list current job openings:**

|  |  |
| --- | --- |
| **Occupation** | **Education Level/Experience** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| None |  |
| Other:  |  |

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

|  |  |
| --- | --- |
| **Occupation** | **Education Level/Experience** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| 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 Debi Balog, Workforce Development Director via e-mail at dbalog@jari.com or fax to 814.535.8677.

THANK YOU!