

**Tennessee American Job Center System
Local Workforce Development Area 1 (LWDA 1)
Rapid Response CSX Employee Survey**

This questionnaire was designed to help us provide a program of services to meet your career needs and concerns associated with your job loss. Although you are not required to provide personal information, the completion of this survey would be greatly appreciated. **Individual responses are kept strictly confidential. PLEASE PRINT**

Male Female Military Veteran: Yes No Date of Birth ____/____/____

Name _____ Phone () _____

Address _____

City _____ County _____ State _____ Zip _____

Social Security # (last 4 digits) _____ Email _____

Last Job Title _____ Previous Job Titles _____

Desired Occupation/Job _____ Are you willing to relocate? Yes No

What hourly rate do you expect in your next job?

\$8-\$10 \$11-\$14 \$15-\$19 \$20-\$25 Above \$25 Other \$ _____

Education (Highest Level Completed)

8th or below 9th-11th High School Diploma or Equivalent (GED) Vocational School 1-2 Years College

College Degree in _____/School _____/Year _____

Certifications/Licenses in _____/School _____/Year _____

What types of programs and services would be of most help to you? (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Basic Computer Skills | <input type="checkbox"/> Intermediate/Advance Computer | <input type="checkbox"/> Basic Reading/Writing or Math |
| <input type="checkbox"/> Budget Planning/Counseling | <input type="checkbox"/> Retirement Planning | <input type="checkbox"/> English as a Second Language |
| <input type="checkbox"/> High School Equivalent Diploma | <input type="checkbox"/> Stress Management | <input type="checkbox"/> Resume Preparation or Critiquing |
| <input type="checkbox"/> Job Search Skills Workshop | <input type="checkbox"/> Interviewing Skills Workshop | <input type="checkbox"/> Starting a Business Workshop |
| <input type="checkbox"/> Identifying Skills, Aptitudes, Interests | <input type="checkbox"/> Labor Market and Salary Information | <input type="checkbox"/> Childcare Information |
| <input type="checkbox"/> Health Care Options | <input type="checkbox"/> National Career Readiness Certificate | <input type="checkbox"/> Career Planning |
| <input type="checkbox"/> Educational Financial Aid | <input type="checkbox"/> Veterans Services/Benefits | <input type="checkbox"/> Alcohol or Drug Abuse Counseling |
| <input type="checkbox"/> Moving Costs for Relocation | <input type="checkbox"/> On-the-Job Training | <input type="checkbox"/> Mortgage Counseling |
| <input type="checkbox"/> Legal Issues | <input type="checkbox"/> Food Stamps/Social Services | <input type="checkbox"/> _____ |

Are you currently attending training/college? (Specify) _____

Do you believe that additional training/education would help you become more employable? Yes No

If Yes, please indicate the type(s) of training that would be beneficial.

- Basic Computer Literacy If interested in further training, would a Basic Skills Refresher be helpful? Yes No
- Applied Technology - Vocational training in a craft or trade (Specify) _____
- Academic Training at a College (Specify) _____

COMMENTS _____
