



The Department of Human Services in Partnership with the Departments of Economic Development, Education, Human Rights, Management, and Workforce Development.

Please Return to:

By

## EMPLOYMENT FOLLOW-UP QUESTIONNAIRE

Dear:

Date \_\_\_\_\_

SSN \_\_\_\_\_

Phone # \_\_\_\_\_

PROMISE JOBS needs to complete your employment records. Please fill out this form and return it to us in the enclosed stamped, self-addressed envelope.

Thank you,

1. Are you still working for \_\_\_\_\_?

- Yes (go to question 6)                       No (go to question 2)

2. When was your last day of work for this employer? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
mo.      day      yr.

3. Why did your employment with this employer end? (Please check one box.)

- Discharged       Quit       Laid off

4. Do you have a different employer?

- Yes (Please fill out the rest of these questions about your new job.)  
 No (Please go to number 7)

5. If the answer to question 4 was yes, list below the first day of employment and the name of your new employer:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
mo.      day      yr.      Employer: \_\_\_\_\_

6. Please give us the following information about the job you have now.

A. What is your current rate of pay? \_\_\_\_\_

Please check the box below that show the time period which corresponds to your rate of pay.

- Hourly       Weekly       Bi-weekly       Monthly       Annually

- B. How many hours per week do you work on an average now? \_\_\_\_\_
- C. What type of work do you do? \_\_\_\_\_
- D. Will you and your family receive health insurance through your employer by the end of the first six months of employment?
  - No
  - Yes, but I have to pay for part or all of it.
  - Yes, and my employer pays for it.
- E. If you went through a PROMISE JOBS training or work experience program, is your job related to the training that you received?
  - Yes       No
- F. Have you received any promotions or raises?
  - Yes       No

7. Please check the yes or no boxes below to indicate whether you are receiving any of these benefits from the Department of Human Services.

- |                              |                             |                           |
|------------------------------|-----------------------------|---------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Family Investment Program |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Food Stamps               |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Medicaid                  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Transitional Child Care   |

Thank you very much for completing this form and returning it to us. Your information will help us to make a better program.

Please use the space below to tell us anything else you want us to know about your job or the PROMISE JOBS program.

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