



BUSINESS NEEDS ASSESSMENT

How did you hear about WorkSource?

Contact Name: _____ Title _____
 Business Name: _____
 Business Address: _____
 City: _____ State: _____ Zip code: _____
 Phone # (____) _____ Ext.: _____ Fax: (____) _____
 E-mail: _____ Web site: _____
 Federal Tax ID #: _____ Standard Industry Code (SIC NAICS): _____

Company's product or service: _____
 Years in business: _____ Corporate/headquarters Branch # of Employees at this location _____
 What is the most significant factor affecting your business? _____
Current BUSINESS ASSISTANCE needed (that could be provided through our partners or collaborators):
 Marketing/Marketing Assessment Financing/Access to Capital Labor Market Information
 Business Plan/Cash Flow Management Permits/Licenses/Certification Legal/Tax Consulting
 Other _____
 What changes do you foresee in the next year? _____
 What changes do you foresee in the next five years? _____

Do you have any particular hiring needs at this time? Yes No If YES, may we contact you to get details? Yes No

How can we help with your staffing needs today? _____
 If no hiring needs, do you anticipate any over the next 6 months? Yes No # of Positions: _____
 Full Time? _____ Part Time? _____ Do you do the hiring? _____ If no who is responsible? _____
 How many openings currently? _____
 What are the main issues when considering hiring? _____
 Do you have any difficulty finding qualified employees? Yes No Please describe: _____
 Any difficulty retaining qualified employees? Yes No
 Why: _____ **Do you hire ex-felons?** Yes No (If yes, how extensive?) _____
 Do you provide benefits? Yes No (If YES what): _____
 What type of training do you provide your employees? _____
Current STAFFING, TRAINING and HUMAN RESOURCES assistance needed (provided by WorkSource):
 Lay off/Downsizing services Job applicants Retention assistance Interview/Conference room
 New hire training: _____
 Current employee training (topics): _____

OFFICE USE ONLY (Steps recommended, referral and follow up):