



Basic Career Services Survey

Date: _____

Please take some time to complete the following survey. The information you provide will be used to evaluate and improve the overall experience at Workforce Connection.

After reading the statement, please check either you “Agree” or “Disagree”. If the statement does not apply to you, please check “N/A”.

When you have completed the survey, please place it in the collection box in the lobby or give it to a staff member.

- | | | |
|--|--------------------------------|--|
| The assistance I received was helpful. | Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> |
| The orientation helped me understand the services that may be available at Workforce Connection. | N/A <input type="checkbox"/> | Agree <input type="checkbox"/> Disagree <input type="checkbox"/> |
| The resource room is well equipped for effective job search. | N/A <input type="checkbox"/> | Agree <input type="checkbox"/> Disagree <input type="checkbox"/> |
| The resource room is easy to use to conduct job search. | N/A <input type="checkbox"/> | Agree <input type="checkbox"/> Disagree <input type="checkbox"/> |
| Staff was courteous and knowledgeable. | Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> |
| I would recommend Workforce Connection to others. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Comments:

Would you like staff to contact you regarding your responses? Yes No

If yes, please provide your contact information:

Name: _____ Phone# or email: _____