**BUSINESS SURVEY** and Contact log
 Date: Person Completing Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company:

Address 1:

Address 2:

City: State: Zip code:

Telephone 1: Fax:

**+++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++**

Contact Name:

Title:

Phone: Fax: Email:

Years in business:

Company is located near public transportation. [ ]  Yes [ ]  No

Nearest **Bus** Route: On RIDE Corridor: [ ]  Yes [ ]  No

**County:** [ ]  Bristol [ ]  Kent [ ]  Newport [ ]  Providence [ ]  Washington [ ]  Other:

**Make contact notes related to interactions with employer. Contact notes continued on page 4.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** | **Face to face, letter, phone, e-mail, fax** | **Comments** | **Follow-up activity/** **Planned Date** |
|  |  |  |  |

Name of Person Hired:

Date Hired: Starting Salary:

Position:

Supervisor:
Follow-up date: Follow-up contact:

Company:

 **Industry Type:** primary purpose of company

 [ ]  Agriculture, Forestry, & Fishing
 [ ]  Mining
 [ ]  Construction
 [ ]  Manufacturing
 [ ]  Transportation & Public Utilities
 [ ]  Wholesale trade
 [ ]  Retail trade
[ ]  Finance, Insurance, & Real Estate
[ ]  Hospitality and Food Service
[ ]  Business Services
[ ]  Healthcare
[ ]  Public administration
[ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of jobs available**:

 [ ]  Assembly/Manufacturing

 [ ]  Food Prep/ Servers
 [ ]  General Clerical/Office worker/Mail

 [ ]  Janitorial/ Housekeeping/ Maintenance

 [ ]  Materials Handling

 [ ]  Salesclerk/Stock Person/ Cashier

[ ]  Childcare/Daycare

[ ]  Landscaping

[ ]  Attendant

Other:
Other:

Other:

Number of full and part-time employees: Full Time: Part-Time:

Seasonal layoffs: If so, when?

Benefits provided to employees: [ ]  Medical: [ ]  Dental: [ ]  Vacation:
 [ ]  Sick leave [ ]  Holidays

Other:

**Job Categories that exist throughout the organization:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Job title** | **Salary** | **Requirements** | **Type of Training provided:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Most frequent job openings:

What is your hiring process? [ ]  Application [ ]  Resume ☐ Interview
[ ]  BCI [ ]  Drug screening [ ]  Other Testing

Misc.

Type of orientation provided for new staff:

Dress code:

Are uniforms require/ type: If so, company issued:

Comments about environment & workplace culture:

Are you satisfied with the quality of applicants for your available positions with your business? If not, please comment on the reasons for your dissatisfaction:

What are the three most important qualities you look for in a new employee?

1:

2:

3:

Have you had experience working with people with disabilities?

Is the workplace physically accessible? [ ]  Entrance \_\_\_\_ Restrooms [ ]  Work areas

Comments/observations:

Any prior experience making modifications/adaptations to accommodate an employee with a disability?

What future employment needs do you anticipate?

Can you refer us to anyone else in the local area?

Miscellaneous comments:

**Make contact notes related to interactions with employer.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Face to Face, Letter, Phone,Email, Fax** | **Comments** | **Follow-Up Activity/** **Planned Date** |
|  |  |  |  |