**BUSINESS SURVEY and Contact log**

Date: SME Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company:

Address 1:

Address 2:

City: State: \_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone 1: Fax:

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

Company 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:

What experience have you had 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** |
|  |  |  |  |