



WORKFORCE
West Virginia

DISLOCATED WORKER QUESTIONNAIRE

Employer Name: _____ Union _____ Non-Union _____

Name: _____ Street: _____ Phone: _____

City: _____ State: _____ Zip: _____ County: _____ LAYOFF DATE: _____

Social Security #: _____ Date of Birth: _____ EMAIL ADDRESS: _____

NOTICE: COMPLETION OF THIS FORM IS REQUIRED TO REGISTER YOU FOR RAPID RESPONSE SERVICES. The purpose of this questionnaire is to obtain information that will assist you in obtaining re-employment and other services you may need. This information will be strictly confidential; however, some information may be disclosed to officials of the State or Federal agencies for research purposes or to aid in applying for additional funding for Dislocated Workers.

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Do you desire to obtain a GED? Yes No Have you attended college? Yes No Degree(s) received: _____
Have you ever been a member of the US Military, Reserves, or National Guard? Yes No

Please indicate the training programs that interest you in order of preference? (#1 list most-interested training; #3 list least-interested training)

1. _____
2. _____
3. _____

Please indicate the occupations that interest you in order of preference? (#1 list most-interested occupation; #3 list least-interested occupation)

1. _____
2. _____
3. _____

Signature: _____ Date: _____