

SECTION A: Current Employment

1. What is your current employment status?

NOT currently employed –

If not employed, please check the box then go directly to page 3, Section B: Currently Not Employed

Currently employed – Continue answering the questions below

2. Which statement best describes your usual employment?

(Note: if you typically have more than one job at any time during the year, check all that apply.)

Full-time, year round

Part-time, year round

Full-time, seasonal

Part-time, seasonal

3. How many full-time jobs do you currently hold?

0

1

2

4. How many part-time jobs do you typically hold year round:

0

1

2

3

5. What category best describes the nature of your primary employment?

(Where you earn most of your pay)

Agriculture, farming, forestry, landscaping, mining

Business services, professional services (other than medical)

Communications (radio, TV, telecommunications)

Computer related products or services

Construction

Education

Entertainment, sports, tourism, leisure activities

Federal government

Finance, insurance, real estate

Hotel, restaurant, resort, casino

Local or county government

Manufacturing – including food products & lumber

Medical services

Mining/Extraction

Military

Non-profit organization

Personal services

Retail sales

State government

Transportation

Utilities

Warehousing, distribution

Other _____

6. For your primary job, are you self-employed? Yes No

7. Using the enclosed Employment Codes page as a reference, please enter the code number that best describes your primary job – then list primary job title or position held.

(Job Code)

8. Please list any industry certifications or licenses you hold _____

9. How long have you been in this primary job? _____ Years _____ Months

10. Please indicate the city and county of your primary workplace?

City

County

EXHIBIT 4

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SECTION A: Current Employment (continued)

11. How long is your one-way commute from your home to your primary job?

- Less than 15 minutes, 15 - 29 minutes, 30-44 minutes, 45-59 minutes, 1 hour to 1 hour, 14 minutes, 1 hour, 15 minutes to 1 hour, 29 minutes, 1 hour, 30 minutes or more

12. If you have a second job, what category best describes the nature of your secondary employment?

Note: If you do not have a second job, skip to question 15.

- Agriculture, farming, forestry, landscaping, mining; Business services, professional services (other than medical); Communications (radio, TV, telecommunications); Computer related products or services; Construction; Education; Entertainment, sports, tourism, leisure activities; Federal government; Finance, insurance, real estate; Hotel, restaurant, resort, casino; Local or county government; Manufacturing - including food products & lumber; Medical services; Mining/Extraction; Military; Non-profit organization; Personal services; Retail sales; State government; Transportation; Utilities; Warehousing, distribution; Other

13. Are you self-employed in your second job? Yes No

14. If you have a second job, using the enclosed Employment Codes page as a reference, please enter the code number that best describes your secondary job.

15. Are your work options limited by:

- A disability? No Yes; Lack of transportation? No Yes; Dependent care needs? No Yes; Lack of jobs in your field of education/training? No Yes; Other

16. Would you be interested in receiving training to acquire new job skills?

- Yes No

If yes, using the enclosed Employment Codes page as a reference, please indicate the codes of 2 jobs you would like to be trained for:

Job 1 _____ Job 2 _____

17. Please indicate your personal annual job-related earnings, including overtime:

- Less than \$15,000, \$15,000-\$24,999, \$25,000-\$34,999, \$35,000-\$49,999, \$50,000-\$74,999, \$75,000-\$99,999, \$100,000-\$124,999, Over \$125,000

18. What fringe benefits does your employer provide you? (check all that apply)

- Health insurance, Life insurance, Childcare, Retirement pension plan, Disability insurance, Other (Please describe)

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SECTION B: NOT Currently Employed

19. If you are presently NOT employed, please indicate why. (Check only one)

- | | |
|---|---|
| <input type="checkbox"/> Attending school | <input type="checkbox"/> Can't find a suitable job |
| <input type="checkbox"/> Raising a family | <input type="checkbox"/> Not looking for employment |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Other (please share why) _____ | |

20. Have you been employed in the last **five** years? Yes No

If yes, how long has it been since you were employed full-time?

_____ Years _____ Months

Using the enclosed **Employment Codes** page as a reference, please enter the code number that best describes your **primary** job – then list primary job title or position held.

_____ (Job Code) _____ (Primary Job Title or Position Held)

Please list industry certifications or licenses held _____

21. Are your work options limited by:

- | | | |
|---|-----------------------------|------------------------------|
| A disability? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Lack of transportation? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Dependent care needs? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Lack of jobs in your field of education/training? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Other _____ | | |

22. If you are interested in being employed would you prefer:

- Full-time employment
 Part-time employment
 Not interested in employment at this time

23. Using the enclosed **Employment Codes** page as a reference, please indicate the codes for 2 jobs for which you feel you have employable skills/education/training:

Job 1 _____ Job 2 _____

24. Are you interested in working from home via your computer (telecommuting)?

- Yes No

25. Would you be interested in a job if it required you to receive job training to acquire new skills?

- No – Please skip directly to Page 4, Section C: Demographics
 Yes – Using the enclosed **Employment Codes** page as a reference, please indicate the codes of 2 jobs you would liked to be trained for:

Job 1 _____ Job 2 _____

26. How long are you willing to commute (one-way) to work?

- | | |
|---|---|
| <input type="checkbox"/> Less than 15 minutes | <input type="checkbox"/> 1 hour to 1 hour, 14 minutes |
| <input type="checkbox"/> 15 – 29 minutes | <input type="checkbox"/> 1 hour, 15 minutes to 1 hour, 29 minutes |
| <input type="checkbox"/> 30-44 minutes | <input type="checkbox"/> 1 hour, 30 minutes or more |
| <input type="checkbox"/> 45-59 minutes | |

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SECTION C: Demographics

27. In what city and / or Zip Code do you reside? _____ / _____

28. How long have you lived in (check county): Brown Callahan Coleman Comache Eastland

Fisher Haskell Jones Kent Knox Mitchell Nolan Runnels Scurry

Shackelford Stephens Stonewall Taylor Throckmorton

Less than one year

4 – 6 years

11 – 20 years

1 – 3 years

7 – 10 years

21 or more years

29. In the past two years have you:

Completed an educational goal (High School/GED Vocational/Technical School College Degree Other)

Separated from the military

Retired

30. What is your age group?

18-24

25-34

35-44

45-54

55-64

65-74

75+

31. What is your gender?

Female

Male

32. What is your ethnic background? African American Asian Caucasian Hispanic Native American

33. What is the highest level of education you have completed?

8th grade or lower

Some high school

High school graduate or equivalent

Some technical or vocational school

Some college, no degree

Vocational/Technical certificate or diploma

Associates degree

Bachelors degree

Post graduate study, but no degree

Graduate or professional degree

34. Are there any members of your household employed at a military base?

Yes No

35. Are there any members of your household between the ages of 18-62 who are unemployed and seeking work?

Yes No

36. If yes, using the Employment Code page, please indicate the code(s) for the unemployed person's previous job.

Code for previous employment _____

37. How are you related to the unemployed person(s)? (check all that apply)

He/She is my . . .

Spouse

Child

Parent

Other _____

38. Please indicate your marital status:

Single, divorced, widowed, or separated

Married

39. Do you own a computer? Yes No

If yes, do you have internet access? Yes No

If yes, for what reasons do you use the internet? (check all that apply)

Work Entertainment/News Shopping Education Other _____

40. Other than English, what languages are spoken fluently in your home? (check all that apply, leave blank if none)

Chinese

French

Japanese

Spanish

Other(s) _____