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| --- | --- | --- | --- |
| **Date:** |  | **Completed By:** |  |

**BUSINESS INTAKE FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employer Name:** |  | | | | |
| **Physical Address**  **City/State/ZIP:** |  | | | | |
|  | | | | |
| **Mailing Address**  **City/State/ZIP:** |  | | | | |
|  | | | | |
| **Employer FEIN #** |  | | | **DUNS #** |  |
| **Employer Owner/CEO Name:** |  | | | **Title:** |  |
| **Owner #:** |  | **E-mail:** |  | | |
| **Secondary #:** |  | **E-mail:** |  | | |
| **Main Employer Contact Name:** |  | | | **Title:** |  |
| **Contact #:** |  | **E-mail:** |  | | |
| **Secondary #:** |  | **E-mail:** |  | | |
| **Union/Non-union:** |  | **Is This the Main Office:** | | |  |

**BUSINESS TYPE:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Construction |  |  | Hospitality |  |  |
| Manufacturing |  |  | Health Care |  |  |
| Finance |  |  | IT |  |  |
| Educational |  |  | Gov/Non-Profit |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
|  |  |  |  |  |  |

**BUSINESS INFORMATION**

|  |  |
| --- | --- |
| 1. What is the chief product or service? | |
|  |  |

2. What is/are the industry sector & (optional) NAICS codes? (NAICS) Code (<http://www.census.gov/eos/www/naics/>)

|  |  |
| --- | --- |
|  |  |

|  |  |  |
| --- | --- | --- |
| 3. Does this business have other locations? | | YES  NO  If YES, Please list below? |
|  |  | |

**BUSINESS INFORMATION CONT.**

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| --- | --- | --- | --- |
| 4. Number of full/part time employees? |  | Number of Apprentices? |  |

|  |  |  |
| --- | --- | --- |
| 5. Are you a Registered Apprenticeship Sponsor? | | YES  NO  If yes/no, would you be interested in becoming a Sponsor or learning more or expanding your program? |
|  |  | |

|  |  |  |
| --- | --- | --- |
| 6. Any immediate apprenticeship needs? | | |
|  | |
| Timeline: | |  |

|  |  |  |
| --- | --- | --- |
| 7. Are hiring decisions for this facility made at an offsite or centralized location? YES  NO | | |
| If YES, where: |  |

8. What are this organization’s biggest challenges in meeting current workforce needs?

Select three of the biggest challenges:

Finding qualified applicants with necessary **technical skills**

Finding qualified applicants with the necessary **basic education skills** (math, reading, writing, etc.)

Finding qualified applicants with necessary **soft skills** (punctuality, communication, critical thinking, etc.)

Retaining qualified workers

Lack of applicants

Cost of providing training

Public perception/reputation of the industry

Public transportation access

Other (please specify):

|  |
| --- |
|  |

9. What tools/strategies does this organization use to recruit applicants? Check all that apply.

Online job postings

Job postings in local newspapers

Participation in job fairs

Partnership with a staffing service

Participation in employer associations

Incentives for current employees who make successful referrals

Job Center or Public Sector Workforce Development Program

Other (please specify):

|  |
| --- |
|  |

10. What level of education/training is generally required for entry-level positions within this organization at the time of hiring? Check all that apply.

No education / training requirements  High school diploma / GED  License / Certification  Technical diploma  Associate or Bachelor’s Degree  Varies by position

Other (please specify)

|  |
| --- |
|  |

**BUSINESS INFORMATION – Completed by Agency**

1. What is the type, length and history of this relationship? Please provide further detail in area below.

Potential/Developing  New  Established  Re-established

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| --- |
|  |

2. What are the 6 digit NAICS codes for the company? (NAICS) Code (<http://www.census.gov/eos/www/naics/>)

|  |
| --- |
|  |

3. Is this business an apprenticeship sponsor? YES  NO  POTENTIAL

Which trades/crafts if Yes/Potential:

|  |
| --- |
|  |

4. What business services has your agency provided to date? Check all that apply.

Developed New Registered Apprenticeship Program

Expanded Registered Apprenticeship Program

Apprenticeship Placement

Enhanced Apprenticeship Services/Offerings

Apprenticeship Educational Outreach Group Participant

Provided Apprenticeship Recruitment Services

Apprenticeship Program Awareness

No Services to Date

Other (please specify):

|  |
| --- |
|  |

4. What are the expected outcomes and timeline for these?

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| --- |
|  |

5. Other/Notes?

|  |
| --- |
|  |

6. Follow-up meeting set?

YES - If YES, When?  NO - If NO, why not?

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| --- |
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| --- |
|  |

Name (please print)

|  |  |  |
| --- | --- | --- |
|  |  |  |

Business Services Signature Date