

**SCSEP Employer  
Customer Satisfaction Survey**

OMB Approval Number: 1205-0040

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**EMPLOYER CUSTOMERS**

The Older Worker Program, also known as the Senior Community Service Employment Program (SCSEP), wants to provide the highest quality services to its customers. You can help us improve our services by answering the following questions. Please be completely honest. Your answers will be kept private to the extent permitted by law and used for program evaluation purposes only. Unless the question directs you otherwise, please answer each question based on your experience hiring the participant identified in the cover letter accompanying this survey.

Choose the number on the scale below each question that best represents your opinion. Thank you in advance for your help.

1. Utilizing the scale below, what is your overall satisfaction with the services provided by the Older Worker Program/SCSEP? (Choose one number)

Very dissatisfied										Very satisfied	Didn't receive
1	2	3	4	5	6	7	8	9	10	90	

2. Considering all of the expectations you may have had about the services of the Older Worker Program/SCSEP, to what extent have the services met your expectations? (Choose one number)

Fall short										Exceed	Didn't receive
1	2	3	4	5	6	7	8	9	10	90	

3. Now, think about the ideal services for people in your circumstances. How well do you think the services you received compare with the ideal services? (Choose one number)

Not at all close										Very close	Didn't receive
1	2	3	4	5	6	7	8	9	10	90	

4. The Older Worker Program/SCSEP staff that referred the participant for the job had a good understanding of your business needs. (Choose one number)

Strongly disagree										Strongly agree	Not applicable
1	2	3	4	5	6	7	8	9	10	90	

**Please continue on other side** →

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Completion of this survey is completely voluntary, and information collected will be kept private to the extent permitted by law and used for program evaluation purposes only. Thank you for your participation. If you have any comments regarding this estimate or any other aspect of this survey, including suggestions for reducing this burden, please send them to the U.S. Department of Labor, Office of Workforce Investment, Room C-4510, 200 Constitution Avenue, NW, Washington, DC. (Please do not return surveys to this address.)

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5. The participant referred by the Older Worker Program/SCSEP had the skills necessary to start the job. (Choose one number)

Strongly disagree										Strongly agree	Not applicable
1	2	3	4	5	6	7	8	9	10	90	

6. Would you have liked the participant to have been better prepared in any of these areas? (Choose Yes, No, or N/A)

1) Computer knowledge	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2) Basic employability skills, like how to dress, how to interact with co-workers and supervisors, and punctuality	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3) Knowledge of what the job required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4) How to behave with the employer's customers or clients	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5) Job-specific skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

7. The Older Worker Program/SCSEP staff stayed in touch with me after I hired the participant to make sure that everything was going well. (Choose one number)

Strongly disagree										Strongly agree	Not applicable
1	2	3	4	5	6	7	8	9	10	90	

8. Did the participant hired require supportive services, such as assistance with transportation, uniforms, safety equipment, or health services?

☐ Yes      ☐ No      ☐ Don't know

9. After we hired the participant with the assistance of the Older Worker Program/SCSEP, the Older Worker Program/SCSEP staff was helpful in resolving any problems we had. (Choose one number)

Strongly disagree										Strongly agree	Not applicable
1	2	3	4	5	6	7	8	9	10	90	

Please continue on next page

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10. I see the Older Worker Program/SCSEP as valuable for maintaining a wide range of ages in my workforce. (Choose one number)

Strongly  
disagree

Strongly  
agree

Not  
applicable

1

2

3

4

5

6

7

8

9

10

90

11. Which of the following factors made the Older Worker Program/SCSEP attractive for you? (Choose Yes, No, or N/A for each of the statements below)

1) It paid the wages of the older workers for a number of weeks while they are gaining work experience through a subsidized on-the-job training program

☐ Yes ☐ No ☐ N/A

2) It stays in touch about my hiring needs

☐ Yes ☐ No ☐ N/A

3) It could fill my job openings quickly

☐ Yes ☐ No ☐ N/A

4) It has people with the right skills

☐ Yes ☐ No ☐ N/A

5) It has people with good attitudes and work habits

☐ Yes ☐ No ☐ N/A

6) It does a good job in screening applicants

☐ Yes ☐ No ☐ N/A

12. What is most valuable to you about the Older Worker Program/SCSEP?

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13. Based on your experience, what changes would you recommend for the Older Worker Program/SCSEP?

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Thank you for taking the time to complete this survey

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