



Assessment and Application

Company Name:			
Contact Name:		Title:	
Address:		Phone:	
City, State		Fax:	
		Email:	
Federal Employer Identification Number (FEIN):	Size of Company: Number of Employees at Location: Employees at Entire Location:		
Product / Service Description:			
Peak Production Period:			

Please respond to the following questions about your firm. In some cases it may be necessary to provide documents to supplement your response.

	What are the primary products of your firm?	
	Who are your primary customers?	
	What are your company's short term goals? (next 12 months)	
	What are your steps to achieve these goals? (next 12 months)	
	What are your company's long term goals? (next 5 years)	
	What are your steps to achieve these goals? (next 5 years)	
	What are your annual sales?	
	Does your firm have any customer or industry standard certification?	ISO - please specify QS TS

		Other:
	Does your firm plan to obtain industry standard certification within the next two years?	ISO - please specify QS TS Other:
	Are any significant re-organizations planned within the next 12 months? Yes No	If yes, please explain:
	Has any recent reorganization occurred? Yes No	If yes, please explain:
	Do you have plans to increase and / or decrease your current workforce?	If Yes, explain.
	What jobs are you currently hiring for?	
	Does your firm have a training plan? Yes No	If yes, please provide a copy of the plan.
	Does your firm have a training budget? Yes No	If yes, please provide the amount?
	Would you be interested in applying for training funding? Yes No	If yes, please complete the attached training plan and budget.
	Who needs the training is it managers, first-line supervisors, engineers, skilled trades?	
	What skills are needed for employment with your company? (entry level and advanced)	
	How are these skills obtained? (i.e. degree / non degree classroom training, on the job training)	
	Are you aware of and / or using the North Central Work Readiness Skills Standards (WRSS)? Yes No	
	Do you have an aging workforce? If so, have you established a succession plan?	
	Is your firm planning on implementing any major new processes during the next two years? e.g. lean, 6 Sigma Yes No	Please explain:
	Is your firm planning to adopt any new technologies during the next	Please explain:.

two years? e.g. robotics, machine vision							
Do you have any needs / plans for equipment purchase and / or upgrade? Yes No		Please explain:					
Will this result in additional training needs? Yes No		Please explain:					
For each category please provide the following information	Category	No.	Avg. Age	Avg. Years in Position	Avg. Wage	Avg. Education	
	Executive						
	Managers						
	Supervisors						
	Quality						
	Skilled Trades						
	Machinists						
	Others:						
Is your firm unionized? Yes No		If yes, please specify?					
Does your firm have any major safety issues that need to be addressed? Yes No		If yes, please specify?					
Do you have any other comments or are there any areas that were not addressed that you would like more information about or assistance with? Yes No							

Workforce Solutions is an Equal Opportunity Employer/Program Auxiliary Aids and Services are available to individuals with disabilities

Funded in whole or in part by Federal Funds. Detailed information can be found at: <https://www.workforcesolutionspa.com/categories/resources/pages/stevens-amendment>