

Company Name: _____

Company Address: _____

Street Address

City

State

ZIP Code

Phone: _____ FEIN: _____

Representative: _____

Email Address: _____

Does your company go by any other names? If so, list and provide their locations.

QUESTIONNAIRE

	PRIVATE	PRIVATE NON-PROFIT YEARS	
1. What Business Sector is your company?			
2. How long has the company been in this area?			
3. Is the company being sold, closed, relocated, or merging with another company?	YES	NO	
4. Number of employees at the above location?	1-50	51-250	251+
5. Is Worker's Compensation Coverage provided?	YES NO	Policy Number: _____ Insurance Company: _____	
6. Is your company presently disbarred or suspended from receiving Federal Contracts?	YES NO	If yes, explain: _____	
7. Have there been any OSHA, wage and hour, or child labor law violation in the past year?	YES NO	If yes, explain: _____	
8. Have there been any NEOC or EEOC complaints or litigation filed against this company in the last 5 years?	YES NO	If yes, explain: _____	
9. Have there been any lay-offs in the past 12 months?	YES NO	If yes, explain: _____	
10. What has been the employee turnover rate in the past 12 months?			
11. Is your company up to date on paying Unemployment Insurance (UI) Tax?	YES	NO	
12. Have you used a staffing agency in the last 12 months?	YES	NO	
13. How many new hires do you anticipate making in the next 2 years?			EMPLOYEES

14. Do you have sufficient equipment, materials, and supervisory time and expertise to provide necessary training?	YES	NO
15. What job titles or job descriptions will be filled in the next two years?		
16. What licenses or entry certification do your workers need?		
17. Are any of the jobs covered by a collective bargaining agreement?	YES	NO
18. Is the pay of any job based upon commissions, tips, piecework, or incentives?	YES	NO
19. Is there a base wage that commissions, tips, piecework, or incentives are added to?	YES	NO
20. If yes, to either question 18 or 19, what entry earnings may be expected?	\$	
21. Do you have a payroll system that records all paychecks and amounts with federal and state tax withholdings?	YES	NO
22. Does your company offer fringe benefits to your employees?	YES	NO
23. If you offer fringe benefits, identify when these are available to new hires.		
24. Has your company relocated from another labor market in the U.S. within the last 120 days, leaving any workers behind?	YES	NO
25. If yes to question 24, please provide the date that production of goods or services began at the new location:	YES	NO
26. Has your company filed a WARN notice in the past year? If yes, list the locations of the facilities affected by the WARN.	YES	
	NO	

I certify that the above information is, to the best of my knowledge, true and accurate.

Company Representative (Signature)

JDNEG Staff Member (Signature)

Company Representative Name & Job Title

JDNEG Staff Member

Date

Date

NDOL OFFICE USE ONLY

APPROVED

DENIED

REASON: _____

NDOL Manager (Signature)

Date