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**WORKFORCE ADJUSTMENT SERVICES EMPLOYEE SURVEY**

**Results of this survey will be used by the Northern Manitoba Sector Council to identify services needed to assist you in the transition to new employment.**

**Please print and complete this box of information, along with the survey and we will contact you:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred method of correspondence: ⃝ Phone ⃝ Email ⃝ Mail

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date you started work @ Keeyask**: **Layoff / Termination Date:**

**Job Title:**

**Please indicate what your priority will be at loss of employment @ Keeyask:**

⃝ Find another job right away – preferably in the same occupation/industry

⃝ Explore other employment opportunities

Type of employment (if you know) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⃝ Explore other career and/or retraining

⃝ Explore opportunities for self-employment

⃝ To retire ⃝ Other – Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*** Would you relocate for employment opportunities outside of your community?  ⃝ Yes ⃝ No

**\*** Do you have access to a computer for virtual work shops, information sessions, webinars, job search etc.? ⃝ Yes ⃝ No

**Please indicate the services that you would be interested in – check all that apply:**

⃝ Job Search Skills

⃝ Resume Writing

⃝ Interview Preparation

⃝ Individual Employment Counselling

⃝ Labour Market Information on Available Jobs

⃝ Training / Retraining Information; Type of Training (if you know) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⃝ Retirement/Personal Financial Planning

⃝ Personal Counselling / Mental Health ⃝ Addictions

⃝ Other – Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* **We encourage you to complete this survey in order to serve you better\*\***

**Forward to: NMSC Workforce Adjustment Services Unit # 104 – 7 Selkirk Ave. Thompson R8N 0M5**

**FAX # 204.778.8308 OR E-Mail to** [**kmcleod@nmscouncil.ca**](mailto:kmcleod@nmscouncil.ca)