



Date: _____ Assessment By: _____

Company Name: _____

Contact Name: _____ Title: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ Contact's E-mail: _____

Do you do the hiring: _____ If no, who is responsible: _____

Industry, NAICS or SIC code: _____ Details: _____

Principal Product or Service: _____ Multiple Locations: yes no If yes how many? _____

Years in Business: _____ Number of employees at this location: Part Time: Full Time: _____

What are the most significant factors affecting your business today?

Given the factors discussed, what are your current needs?

Business Assistance

- Marketing/ Business Planning Help Relocation Incentive Information Labor Market Information
- Financing/ Access to Capital Technology/ Manufacturing Assistance Permit Assistance
- Tax Credit and Other Economic Incentive Information Import/ Export Information Entrepreneurial Training
- Other (explain): _____



How can we help you with your staffing needs today?

How many different positions do you need filled? 1 2 3 4 5 6+ 10+ 11+ 20+

NOTE: Please complete a separate job order form for each type of position being filled.

Let me describe some of the various ways we can assist you so that we can choose the options that best meet your needs (note describe those options below that make the most sense for the business, do not read all options):

Self Help Options: In these options we'll list the jobs for you and all candidates will respond directly to your appointed staff.

Post job orders in the Center

Post job orders on Cal Jobs. (This option requires your Taxpayer ID #). _____

Recruitment: In these cases we will work with our entire countywide Work Source system to help recruit the candidates to meet your needs. In all of these cases we can provide interview space or work with your office interview space.

Mass Recruitment –we will identify qualified candidates based on resume skill matching then arrange a mass-interview process with your staff.

Prescreening - in this case we will take a step further and personally pre-screen all candidates based on your requirements before referring finalists on to your staff for interviews.

Application Completion – in addition to or instead of pre-screening we can ask all candidates to complete your employment application and refer all applications to your staff for final review before choosing candidates to interview.

Training Options: Based on your needs we may be able to arrange training that may include on the job training or classroom training or both.

What type of training do you think you need:

Training for current employees Technology Training Training for new hires ESL or VESL

Other (please explain):

What additional hiring needs do you anticipate over the next 6 months?

Position: _____ Number: _____ Est. Date: _____

Position: _____ Number: _____ Est. Date: _____

Position: _____ Number: _____ Est. Date: _____

What additional positions will be added because of a change in your business?

Will there be any additional training needed because of a change in your business?



What changes do you foresee in your business in the next year:

In the next 5 years?

Do you have difficulty finding qualified employees: Yes No If yes, describe the challenge.

Do you have difficulty retaining qualified employees: Yes No If yes, describe the challenge.

Does your company provide benefits: Yes No

What type of training do you provide your employees?

Given the factors discussed, what are your current needs?

Staffing and Training

- Employment Candidates New Hire Training Human Resource Workshops
- Retention Assistance Lay off, Downsizing, Outplacement
- Current Employee Training Interview Room
- Other (please explain):



Business Service Checklist

(This form to be completed by staff)

Date: _____ Completed By: _____

Key areas of concern:

Financing Staffing Marketing Human Resources
 Business Planning Entrepreneurial Training

Steps recommended to the client: _____ Provider: _____

1. _____ 1. _____

2. _____ 2. _____

3. _____ 3. _____

4. _____ 4. _____

Service Referral to: _____ Date: _____

Service to be provided: _____ Follow up Date: _____

Service Referral to: _____ Date: _____

Service to be provided: _____ Follow up Date: _____

Service Referral to: _____ Date: _____

Service to be provided: _____ Follow up Date: _____

Service Referral to: _____ Date: _____

Service to be provided: _____ Follow up Date: _____

NOTES:
