



Which of the following options are you considering most seriously now? (Mark all that apply)

- Seek employment in my field  
(not necessarily my same job title)
- Start my own business
- Attend school, work part-time
- Undecided

- Seek employment in a new field
- Retirement
- Other (please explain):  
\_\_\_\_\_

**TRAINING AND EDUCATION NEEDS/ JOB SEARCH SKILLS:**

Are you currently enrolled in a school or training institution? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, where and the type of training that you are receiving: \_\_\_\_\_  
\_\_\_\_\_

Which of the following assistance/services would be most helpful in getting the job you want? (Mark all that apply)

- Choosing a new career
- Vocational classroom training/training in a new job skill
- Starting my own business
- Job placement assistance
- Writing resume/employment letters
- Interviewing skills/filling out applications
- Testing to determine job interests and skills
- Updating basic skills (Math, English, Reading and/or Writing)
- GED preparation
- Updating existing skills
- Computer skills

- Career (vocational) counseling
- Money management/financial counseling
- Family/personal counseling
- Childcare/dependent care (while looking for work or in school)
- Help with transportation (while looking for work or in school)
- Coping with change
- Information on health insurance coverage
- Information regarding veteran's benefits
- Housing assistance
- Other (please specify) \_\_\_\_\_

Would you be interested in attending workshops to learn the latest job seeking methods? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you willing to relocate for a new job? YES \_\_\_\_\_ NO \_\_\_\_\_

How many miles are you willing to drive for a new job? \_\_\_\_\_

What is the hourly pay rate you are willing to accept? \$ \_\_\_\_\_

What kind of work would you really like to do? \_\_\_\_\_

Do you have a valid driver's license? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you received public assistance in the last 5 years? YES \_\_\_\_\_ NO \_\_\_\_\_

**COMMENTS:**

Please tell us anything else about your plans, needs, or training that you feel would be helpful for us to know.

\_\_\_\_\_  
\_\_\_\_\_

In your opinion, were you provided information on resources and/or services available in your area in a timely manner? \_\_\_\_\_ YES \_\_\_\_\_ NO

Please list any suggestions you have to improve the services you received.

\_\_\_\_\_  
\_\_\_\_\_

Please bring this survey to the place and on the date(s) indicated below.

Hand deliver to: \_\_\_\_\_ Date(s): \_\_\_\_\_  
(Place) \_\_\_\_\_

Download this file from *Resource Materials* of:

**Department of Economic Opportunity**

*Reemployment and Emergency Assistance Coordination Team (REACT)*

(Form Revised 1E/1F)

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.