



Employment Survey

Name (First, Middle, Last):

Last 4 SSN

State ID #

Onet Code(s)

Employment Information

Business Name

Business Address

Supervisor's Name

Supervisor's Phone

Employee's Position/Job Title

Start Date

Wage/Hr

Hours/Week

Industry

Check all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Receiving Fringe Benefits | <input type="checkbox"/> Non-Traditional Employment | <input type="checkbox"/> Active Military Service |
| <input type="checkbox"/> Job covered by Unemployment Comp | <input type="checkbox"/> Receiving Health Care Benefits | <input type="checkbox"/> Training Related Employment |
| <input type="checkbox"/> Registered Apprenticeship | <input type="checkbox"/> Entrepreneurial and/or Self Employment | |

America's Job Center of California Information

Staff Name

Date

Phone

Comments