Job Seekers' Success Story Questionnaire

Customer Name (first/last): _____

Customer CalJobs State ID: _____

Enrolled Program(s): _____

Subrecipient Staff Member: _____

Staff Member Email: _____

Supervisor Review Completed: Yes____ No ____

Consent Form 704 Signed: Yes____ No ____

WIB Consent and Release Form Signed: Yes____ No ____

Grant Specific Release Form Signed: Yes____ No ____ N/A____

Answer the following questions in detail including dates, names, and examples.

1. Which EC Center or youth@work site and staff member(s) did the customer work with?

2. How did the customer find out about Employment Connection/youth@work services?

3. When choosing to enroll in WIOA services, what was the customer's primary goal/objective?

4. What skills, assets, experience, or transferable skills did the customer have when they began services?

5. What, if any, barriers to employment did the customer face that prevented them from finding employment on their own? If they had barriers, how were they addressed?

6. What Job Readiness activities (workshops, mock interviews, Job Connect, etc.) did the customer participate in? What new skills or attributes did the customer learn?

7. What Career Exploration activities did the customer participate in? What were the results? (What career path did they decide was best for them? Was training needed?)

8. Based on the customer's goals and career exploration results, what guidance or direction (job leads, recruitment events, training, etc.) was provided to them?

9. If the customer chose to enroll in a training program (OJT, OST, WEX, TJ), what type of program was it? Describe the program and include the name of the program (for OST) or any skills, certifications or credentials they obtained.

10. What milestones did the customer achieve and did they enroll in the EC Talent Pool? What new skills did the customer learn or obtain in this process?

11. What additional assistance (referrals to partners, co-enrollment, supportive services, etc.) did staff members provide to the customer?

12. Was the customer enrolled in a special grant? If so, what additional services did the customer participate in, and were they provided any additional services (participation in a work crew, additional referrals, supportive services, etc.)?

13. Did the customer achieve their primary goal(s), and how has the accomplishment impacted their life?

14. What future goals does the customer have for themselves?

15. Include quotes from the customer.

16. Include a picture of the customer.

Business Services Success Story Questionnaire

Business Name: _____

Program or Services Used: _____

WIB Business Services Staff Member: _____

Staff Member Email: _____

Supervising Coordinator_____

Supervisor Review Completed: Yes____ No ____

Business Services Questionnaire

1. How did the business hear about our services?

2. What was the business trying to accomplish?

3. What challenges was the business facing that prevented it from reaching its goals?

4. What strategies or tactics did the business use in the past?

5. What tools, resources, or services did the business utilize (direct hire, recruitment event, OJT, Transitional Job, Work Ex., Labor Market Information, Job Connect, Sector Partnership)?

6. How did the Business Services team help the business achieve its goals?

7. Did staff members provide additional assistance (referrals to other agencies, resources, or tools)?

8. How has achieving their goal impacted the business and their future success (for example, being able to fulfill orders, meet timelines, expand their workforce, improve their hiring practices, upskill employees)?

9. What future workforce goals does the business have?

10. Include quotes from the customer.

11. Include photos of the business (on-site, during an event, new hires, etc.).