

COMPANY QUESTIONNAIRE/ DEMOGRAPHIC REPORT

					Date:					
Company Name:										
Company Address:										
City:				State:			Zip:			
Company Contact:					Phone #			E-mail:		

Layoff:	Y	N	Closing:			Total Affected:			Closing Date:					
Layoff Schedule:														
Number of Employees likely to:			Retire:			Transfer:			Recalled :			Other:		
Union Representation:		Yes:			No:			Name of Union:						
Name of Union President:										Phone #:				
Type and number of Occupations Affected:														

Average Age:	Male:			Female:					
Average Wage:	Exempt:			Non-Exempt:					
Education Level:		Less HS:			HS or GED				
				Bachelors:			Masters:		

Non English Speaking:			
Language	Number of Employees	Language	Number of Employees

Residences:				
City or Town	Number #	City or Town	Number #	

Trade Adjustment Assistance:									
Petition filed:	Yes:			No:			Certification Date:		
Are job losses due to shift of work to foreign country?					Y	N	What Country (ies)?		

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What is the reason for the Layoff or closure?
Could the Commonwealth of MA have done anything to keep your jobs within the State?
Is the Company Relocating? Where? When?
What other outplacement assistance will be offered by the company to the affected employees?
Assistance provided by:
Is a severance package being offered? Formula?
Please describe involvement and communications with union (s)?
The Rapid Response Team would like to assure you that we will do everything we can to safeguard your company's confidentiality. Please answer the following questions in order to assist us in our processing and use of your company's information:
Employees have been informed of the impending layoffs? Yes No
Indicate the date when information regarding these events will be made public. Date
Signed: