



**DISTRICT OF TIMISKAMING SOCIAL SERVICES ADMINISTRATION BOARD
EMPLOYMENT PLACEMENT INITIATIVES PROGRAM - EMPLOYER EVALUATION**

Company Name: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Thank you for the opportunity to work with you to increase your trained workforce. We continually strive to provide the highest standard of service and support. In order to achieve this goal, feedback from our partners in this program is extremely important to us as we value your input.

Please assist us by taking a few moments to share your comments with us:

1. What position did you fill with an Employment Placement Initiatives Program training placement?

2. Please rate the service we provided through the program:

	Poor			Excellent	
Professionalism	1	2	3	4	5
Follow Through	1	2	3	4	5
Ongoing Support	1	2	3	4	5

Comments:

3. Did the participant you chose meet your expectations? Yes No
If no, explain: _____

4. What would you change about our program?

5. What do you think works well about our program? _____

6. Further Comments:

Employer Signature

Date

Thank you for your help. Your time and consideration are most appreciated. Please return this form to the address below or fax to (705) 647-5267.

P.O. Box 6006
290 Armstrong Street
New Liskeard, Ontario
P0J 1P0

Phone: (705) 647-7447
(800) 627-2944
Fax: (705) 647-5267

P.O. Box 310
29 Duncan Avenue North
Kirkland Lake, Ontario
P2N 3H7

Phone: (705) 567-9366
(888) 544-5555
Fax: (705) 567-9492