



## EMPLOYER NEEDS ASSESSMENT

Please print information clearly

### ORGANIZATION

Employer Name: \_\_\_\_\_

Please check which applies to business facility

Corporate Headquarters     Branch Office     Subsidiary of larger corporation

Business hours \_\_\_\_\_  AM /  PM      To: \_\_\_\_\_  AM /  PM

Years in Business: \_\_\_\_\_      Years at Current Location: \_\_\_\_\_

### MAILING INFORMATION

Business Address: \_\_\_\_\_

Mailing Address (If different from business address): \_\_\_\_\_

### CONTACT INFORMATION

Business Telephone: \_\_\_\_\_ Website: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Email: \_\_\_\_\_

### FACILITY INFORMATION

Total Number of employees at this location: \_\_\_\_\_

Total Number of employees in Southeast Texas: \_\_\_\_\_

How many shifts does your company have?: \_\_\_\_\_

What are the times?: \_\_\_\_\_

How many other locations does your organization have in Southeast Texas?: \_\_\_\_\_

Please list the other locations: \_\_\_\_\_

How many parking spaces are available for your employees within 1/4 mile of your worksite?: \_\_\_\_\_

How many parking spaces are available for visitors to your worksite facility during normal business hours?: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Which of the following facilities are available or near (1/4 mile or less) from your site?

- Automobile Repair Shop     Dentist     Hair Salon  
 Banking     Dry Cleaners     Medical Services  
 On-site ATM     Restaurant     Post Office  
 Child Care     Fitness Facility     Retail Store  
 Convenience Store     Grocery Store     Snack Bar

Not including the building or corporate/ industrial park where your organization is located, how many other are located less than a mile from your facility?: \_\_\_\_\_

Do you belong to a business organization, such as the Chamber of Commerce?: \_\_\_\_\_

If so, which organization?: \_\_\_\_\_

Do you currently have any commute options included in your corporate policy, such as teleworking, flextime or compressed work weeks?

- Yes     No

If yes, which policies? \_\_\_\_\_

	DO OFFER	WOULD CONSIDER OFFERING
Commuter Information Center/ Website		
Commuter club with coupons/ discounts		
Staff assigned to commuter programs		
Carpool matching Company formed carpools		
Vanpool matching Company formed carpools		
Emergency ride home		
Pre-tax benefits for transit & vanpooling		
Bicycle racks/ storage		
On-site showers		
Preferential parking for ride-sharers		
Flextime		
Telecommuting At home At a telework center At an executive office suite		
Company pool cars		

Meeting Outcomes: \_\_\_\_\_



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