

# TEXAS WORKFORCE COMMISSION

## Career Schools and Colleges

### Completer Follow-Up Survey

[Refer to the Instructions for full definitions and documentation necessary to support reported data.]

#### TO BE COMPLETED BY SCHOOL:

Student Name

Social Security Number

Student's Graduation Date (mm/dd/yyyy)

Program Name

#### IF TELEPHONE INTERVIEW, TO BE COMPLETED BY SCHOOL:

Name and Title of School Official Making Phone Call

Person's Name Receiving Phone Call

Date of Phone Interview (mm/dd/yyyy)

**RECENT GRADUATES:** Please complete the remainder of this form. Please check as many boxes as apply and provide as much information as possible -- your responses will help your school report on graduate employment.

Since graduation, have you worked in the field for which you were trained?

**YES**



I obtained this job:

- ☐ with the help of the school placement department or school staff

The school: *(response required)*

- ☐ arranged the job interview for me  
☐ contacted the employer on my behalf.  
☐ brought the employer to a school-sponsored job fair

☐ other:

- ☐ on my own or with help from an outside source



**NO**



Since graduation, I have

- ☐ enrolled full-time in the

\_\_\_\_\_ program at  
Name of Program or Major

\_\_\_\_\_ Name of Postsecondary Education Institution

- ☐ enlisted full time in the

\_\_\_\_\_ Name of Military Branch

\_\_\_\_\_ Recruiting Office Phone Number

**Graduate is:** *(documentation required)*

- ☐ Incarcerated  
☐ Deceased  
☐ Other

#### JOB INFORMATION:

Please complete the following information for your most recent job in your field of training.

Name of firm/company where you are/were employed (write "self" if self-employed.)

First day on the Job  
(mm/dd/yyyy)

Job Title

Starting Hourly  
Wage

Job Duties

Address, city, state, zip code of the company/firm

Immediate Supervisor: Full Name

Telephone Number of Employer/Company

Student's Signature

Date (mm/dd/yyyy)

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