

APPENDIX E:
The PWWAS Questionnaire



2011 CNMI Prevailing Wage and Workforce Assessment Study (PWWAS)

Your Answers are Confidential

The Central Statistics Division is now conducting the 2011 CNMI Prevailing Wage and Workforce Assessment Study. Thank you for taking part--your help is important to our community.

The 1990 Statistical Act, P.L. 7-35 authorizes the Central Statistics Division, Department of Commerce, to conduct this Study. This same law also protects the confidentiality of your answers. Only persons who have sworn to uphold the confidentiality of the Study – and no one else – can see your answers.

The Study will benefit you and our community. Study results will be used to . . .

- Help determine prevailing wage rates in all occupations with breakouts by industry, demography, and geography in the CNMI;
- Assess current type and level of skills in existing occupations in the CNMI to help shape educational and training needs of the current labor force in the Commonwealth; and
- Assist in policy making decisions in the public and private sectors.

Thank you for making the 2011 CNMI PWWAS a success.

For CSD Official Use Only

C1. Enumerator(s) who completed this form:

1. Enumerator 1st _____ Date: _____
Print Name Signature
2. Enumerator 2nd _____ Date: _____
Print Name Signature

<u>C2.</u> Form Completion Status		<u>C3.</u> Form Tracking		
1. Completed in full	C2. code	1. Questionnaire Reviewed by:	2. SOC Coding by	4. Keyed by
2. Completed mostly		Initial: _____	Initial: _____ Date: _____	Initial: _____
3. Completed minimum required		Date: _____	3. Rest of Coding by:	Date: _____
4. Incomplete			Initial: _____ Date: _____	
5. No employee				
6. Business closed down				
7. Refusal <i>(must complete a refusal form)</i>				

Notes:

Please verify your firm's basic information with us: the official name of your establishment, the island and village location where you conduct your business, phone number(s), DBA names, and business activities.

<u>B1.</u> Name of Establishment:		<u>B2.</u> Island
<u>B3.</u> Village location:	<u>B4.</u> Phone number(s):	B5. ED (CSD Office use only)

<u>List of DBAs</u>		
<u>B6.</u> DBA name	<u>B7.</u> Business activity	<u>B8.</u> NAICS code

Please provide the following additional information for your establishment.

B09. Contact person:

B10. Email address:

B11. Location Description: (Official use only)

<u>B12.</u> How many employees do you currently have in your business/organization? _____ Empl. #	B12 code
If the establishment currently has no employees check or tick this box: <input type="checkbox"/> no employees	

Future Employment Plans. Please answer the following questions based on your expectation for doing business in the CNMI over the next two years.

	(1) Yes, in 1 month	(2) Yes, in six month	(3) Yes, in one yr	(4) Yes, in two yrs	(5) No	(98) Don't know/not sure	(99) NR	Code
<u>B13.</u> Are you planning to expand your company, create new jobs, and hire new employees?								B13.
<u>B14.</u> Are you planning to reduce the size of your company, by reducing the number of your employees through lay-off or termination?								B14.

For each position currently occupied by an employee in your business, please give the following information: include all positions in your company, including all employee who worked full time or part time during, on vacation or was on sick leave, during the two-week period, 10-02-11 to 10-15-11. Please complete all items on this page.

I. Position Occupational Classification

<p><u>P1.</u> Position Title (<i>please spell in full and give complete title</i>):</p>	<p>P1. Code (SOC):</p>
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<p><u>P2.</u> List the five top five important responsibilities or duties of this position (<i>These responsibilities will be used to properly classify each position into the proper Standard Occupational Classification</i>):</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>	<p><u>P3.a</u> Employment Status:</p> <p>1. Full</p> <p>2. Part time</p>	<p>P3.a Code</p>
<p><u>P3.b</u> How many hours worked during the period 10-2-11 to 10-15-11?</p> <p>_____ #hrs</p>		<p>P3.b #Hrs</p>

<p><u>P4.</u> Business activity or DBA of this employee/position.</p>	<p>P4. NAICS code:</p>
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II. Direct Pay

Please give the hourly wage rate for this position. If the hourly wage is not readily available, you may give the weekly, bi-weekly, monthly or annual amount of pay and CSD Office will derive the appropriate hourly wage rate.

<p><u>P5.</u> Hourly wage rate: _____</p> <p>Or Biweekly Pay: _____</p> <p>Or Monthly Pay: _____</p> <p>Or Annual Pay _____</p>	<p>P5. HW Rate</p>	<p><u>P6.</u> Length of time this employee has been in this position (<i>please give the length of time in years and month. Give your best estimate if the exact time is not known</i>).</p> <p>Years: _____ Months: _____</p>	<p>P6. Codes</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Year</td> <td style="width:50%;">Month</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table>	Year	Month		
Year	Month						

III. Employer Provided Fringe Benefits

Please indicate the type of employer-provided fringe benefits and the amount of each fringe benefit you currently provide to this position or employee. For each benefit you provide, please check or tick the "Yes" box and provide the appropriate benefit amount. For each benefit you do not provide, check or tick "No" and leave the amount blank.

<u>P7.</u> Fringe Benefits Type:	Yes	No	Hourly rate	Bi-weekly Amt	Monthly Amt	Annual Amt	P7. Hourly Fringe
a. Vacation leave.....							a.
b. Sick leave							b.
c. Life Insurance							c.
d. Health Insurance							d.
e. Dental.....							e.
f. Retirement							f.
g. Food							g.
h. Housing.....							h.
i. Transportation							i.
j. Tuition/educational							j.
k. Other							k..
l. Other.....							l.
m. If no fringe benefit at all is offered to this employee, check this box <input type="checkbox"/> no fringe							m.

<p><u>P8.</u> Citizenship of employee:</p> <p>1. US Citizen, CNMI born</p> <p>2. US Citizen, born in the US, US terrtry or naturalized</p> <p>3. None US citizen (specify) _____</p> <p>8. Don't know/not sure 9. No response</p>	<p>P8. Code</p>	<p><u>P9.</u> Employment Visa Type (<i>If not a US Citizen, specify type of visa</i>):</p> <p>1. CWI 2. H1B</p> <p>3. Parole in place 4. H2B</p> <p>5. Other: _____</p> <p>8. Don't know/not sure 9. NR</p>	<p>P9. Code</p>
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IV. Employee Demographics

<u>P10.</u> Gender 1. Male 2. Female	P10. Code	<u>P11.</u> Age. <i>(If age is unknown, please give best estimate)</i> Age: _____	P11. code	<u>P12.</u> Ethnic or Race: 1. _____ 2. _____	<u>P11.</u> Eth codes _____ _____
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P13. Highest Education Completed

Education Level	CNMI (1)	US (2)	Non US (3)	Don't know where (4)	P13. Education Code
1. Less than HS					
2. HS					
3. Some college					
4. AA or AS					
5. Vocational Certificate					
6. BA or BS					
7. MA or MS					
8. PhD					
9. J.D. MD. Other Professional degree					
98 Education level unknown					
99 No response					

V. Language, Math, Business and Vocational Skills Assessment

If this section is not applicable or meaningful for this employee or position, check this box: not applicable V.

Skill	Excellent: No need training (1)	Good: but can use some Training (2)	Poor: Training is a must (3)	Don't know/not sure (8)	NA (9)	Official use only Code
<u>P14.</u> English skills						<u>P14.</u>
a. Reading						a.
b. Speaking						b.
c. Writing						c.
<u>P15.</u> Basic Arithmetic skills						<u>P15.</u>
<u>P16.</u> Business Office skills						<u>P16.</u>
a. Accounting						a.
b. Management						b.
c. Marketing, Sales and Advertising						c.
d. Business writing and speaking						d.
e. Computer skills						e.
i. Word processing.....						i.
ii. Spreadsheet						ii.
iii. Windows operating system.....						iii.
iv. Internet (WWW, email, etc)						iv.
v. Database						v.
vi. Website and Web Pages.....						vi.
vii. Programming language.....						vii.
f. Customer Service						f.
g. Specify:						g.
<u>P17.</u> Vocational skills (list)						<u>P17</u>
a. Specify:						a.
b. Specify:						b.
c. Specify:						c.

VI. Future Employment Plans for this Type of Position

	(1) Yes, in 1 month	(2) Yes, in six months	(3) Yes, in one year	(4) Yes, in two years	(5) No	(98) Not sure/don't know	(99) NR	P18. Code
<u>P18.a</u> Are you planning to add/hire an additional new employee for this type of position?.....								a.
b. Are you planning to eliminate or reduce this type of position from your business?								b.

