

ILLINOIS DEPARTMENT OF EMPLOYMENT SECURITY
PRE-AWARD SURVEY
FOR RELOCATING ESTABLISHMENTS

1. Name(s) under which the establishment does business:

a. Successors-in-interest: _____

2. Company official certifying the information:

a. Name: _____

b. Title: _____

c. Address: _____

3. Facility in the other geographic location which is being closed or from which business is being transferred:

a. Name: _____

b. Address: _____

c. Number of jobs lost due to relocation: _____

d. Nature of the products or business being transferred: _____

e. Date the facility will commence or expand operations: _____

4. Is WIA assistance is sought in connection with past or impending job losses at other facilities?

Yes ____ No ____

5. Have WARN notices relating to the employer been filed? Yes ____ No ____

6. a. Labor organization(s) in the affected area (optional): _____

b. Have any labor organizations been consulted in conducting this survey? Yes ____ No ____

List: _____

Name & Title of individual conducting survey

Date