

## Job Site Visit Questionnaire

Name of Business: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Length of Visit: \_\_\_\_\_

1. What are 5 job duties that you do each day?

---

---

---

---

---

2. What kinds of tools, equipment or technology do you use?

---

---

---

---

---

3. What do you like most about your job?

---

---

---

---

---



4. What do you like least about your job?

---

---

---

---

---

5. What kind of training or education did you have to get this job?

---

---

---

6. What other experiences or trainings have helped you in this job?

---

---

---

---

---

7. How does this job affect your work life balance?

---

---

---

---

---

At YFS, We Believe in YOU. We're here to help you...  
Design Your Own Path to Success



8. What is the work setting for this job?

---

---

---

---

---

9. What is the starting wage for this job?

---

10. What growth opportunities are available in this field?

---

---

---

---

---

11. Are you interested in this as a career?

---

---

---

---

---