National Opinion Research Center
University of Chicago

Center for Human Resource Research
Ohio State University

National Longitudinal Survey of Labor Force Behavior
Youth Survey, 1981

EMPLOYER SUPPLEMENT

BEGIN DECK 1

1. NAME OF EMPLOYER

2. IF THIS JOB WAS PART OF A COLLEGE WORK STUDY
   PROGRAM, CIRCLE CODE '02' HERE

3. IF THIS JOB WAS PART OF R'S SCHOOL PROGRAM,
   CIRCLE CODE '03' HERE

4. IF THIS JOB WAS A PART-TIME JOB PROVIDED BY
   THE GOVERNMENT, CIRCLE CODE '04' HERE

5. IF THIS JOB WAS A GOVERNMENT-SPONSORED
   SUMMER JOB, CIRCLE CODE '05' HERE

6. IF THIS JOB WAS PART OF A GOVERNMENT-SPONSORED
   PROGRAM FOR PEOPLE NOT ATTENDING REGULAR SCHOOL,
   CIRCLE CODE '06' HERE

7. IF THIS JOB WAS PART OF A TAX CREDIT PROGRAM,
   CIRCLE CODE '07' HERE

8. IF THIS JOB WAS PART OF ANY OTHER KIND OF
   GOVERNMENT-SPONSORED PROGRAM, CIRCLE CODE '08' HERE

10-39/

40-41/

42-43/

44-45/

46-47/

48-49/

50-51/

52-53/
Now I'd like to ask a few questions about your employment with (EMPLOYER NAME, THIS SUPPLEMENT).

1. INTERVIEWER: SEE INFO SHEET, ITEM 9. HAVE YOU ALREADY COMPLETED AN EMPLOYER SUPPLEMENT FOR EVERY EMPLOYER LISTED THERE? (IF SO, EVERY EMPLOYER NAME AT ITEM 9 WILL BE CHECK-MARKED.)

   YES ........ (GO TO Q. 2) ........ 1 54/
   NO ........... (ANSWER A) ........ 0
   NO EMPLOYERS LISTED IN
   ITEM 9 .. (GO TO Q. 2) ........ 2

   A. INTERVIEWER: IS EMPLOYER NAME, THIS SUPPLEMENT, LISTED AT ITEM 9 OF INFO SHEET?

   YES ............. (ASK B) ........... 1 55/
   NO ............. (GO TO C) ........... 0

   IF YES TO A, ASK B:
   B. Is this the same (EMPLOYER NAME) you were working for last year on (DATE OF LAST INTERVIEW)?

   Yes ...................... (GO TO E) ...................... 1 56/
   No ... (INTERVIEWER: YOU NOW HAVE TWO JOBS WITH THE SAME EMPLOYER NAME TO ASK ABOUT. ENTER THE EMPLOYER NAME ON THE COVER OF AN ADDITIONAL SUPPLEMENT TO ASK ABOUT LAST YEAR'S EMPLOYER, AND SAY: Right now, let's keep talking about the most recent (EMPLOYER NAME) you've worked for. THEN GO TO Q. 3) .......................... 0

   IF NO TO A, ASK C:
   C. Our records show that you were working for [EMPLOYER(S) IN ITEM 9 ON INFO SHEET] when you were last interviewed on (DATE OF LAST INTERVIEW). Is (EMPLOYER NAME, THIS SUPPLEMENT) the same employer (as any of these)?

   Yes ......................... 1 57/
   No ...................... (GO TO Q. 2) ........... 0

   IF MORE THAN ONE EMPLOYER IS NOT CHECK-MARKED AT ITEM 9 OF INFO SHEET, ASK:
   D. Which one is the same? THEN GO ON TO E.

   E. INTERVIEWER: PLACE A CHECK MARK BY THIS EMPLOYER NAME ON INFO SHEET, ITEM 9, AND TRANSFER THE NAME AND EMPLOYER NUMBER HERE. THEN GO ON TO F.

   (EMPLOYER NAME)  
   (NUMBER)  

2. **INTERVIEWER:** SEE INFO SHEET, ITEM 10. HAVE YOU ALREADY COMPLETED AN EMPLOYER SUPPLEMENT FOR EVERY EMPLOYER LISTED THERE? (IF SO, EVERY EMPLOYER NAME AT ITEM 10 WILL BE CHECK-MARKED.)

   YES ....... (GO TO Q. 3) ......... 1
   NO ......... (ANSWER A) ......... 0
   NO EMPLOYERS LISTED IN
   ITEM 10. (GO TO Q. 3) ......... 2

   **IF NO, ANSWER A:**
   A. **INTERVIEWER:** IS EMPLOYER NAME, THIS SUPPLEMENT, LISTED AT ITEM 10 OF INFO SHEET?

      YES ........... (ASK B) ......... 1
      NO ........... (GO TO C) ......... 0

   **IF YES TO A, ASK B:**
   B. Is this the same (EMPLOYER NAME) you worked for during the year before our last interview?

      Yes ........... (GO TO E) ......... 1
      No ........... (GO TO Q. 3) ......... 0

   **IF NO TO A, ASK C:**
   C. Our records show that during the year before our last interview, you worked for [EMPLOYER(S) IN ITEM 10 ON INFO SHEET]. Is (EMPLOYER NAME, THIS SUPPLEMENT) the same employer (as any of these)?

      Yes ......................... 1
      No ......................... 0

   **IF MORE THAN ONE EMPLOYER IS NOT CHECK-MARKED AT ITEM 10 OF INFO SHEET, ASK:**
   D. Which one is the same? THEN GO TO E.

   E. **INTERVIEWER:** PLACE A CHECK MARK BY THIS EMPLOYER NAME ON THE INFO SHEET, ITEM 10, AND TRANSFER THE NAME AND EMPLOYER NUMBER HERE. THEN GO ON TO F.

   (EMPLOYER NAME)  (NUMBER)

   64-65/

   F. When did you begin to work again for this employer after (DATE OF LAST INTERVIEW)? SKIP TO Q. 6. ENTER THE DATE IN THE BOXES PROVIDED AND GO ON TO Q. 7.
3. When did you first start working for (EMPLOYER)?

   MONTH   DAY   YEAR

4. INTERVIEWER: CIRCLE CORRECT CODE:

   DATE IN Q. 3 IS BEFORE THE DATE OF
   THE LAST INTERVIEW ...... (ASK Q. 5) ...... 1

   DATE IN Q. 3 IS THE SAME AS THE DATE
   OF THE LAST INTERVIEW ... (TRANSFER THE
   DATE IN Q. 3 TO Q. 6 AND GO ON TO Q. 7) ... 2

   DATE IN Q. 3 IS AFTER THE DATE OF
   THE LAST INTERVIEW ...... (TRANSFER THE
   DATE IN Q. 3 TO Q. 6 AND GO ON TO Q. 7) ... 3

IF CODE 1 IN Q. 4, ASK:
5. Between (DATE STARTED) and (DATE OF LAST INTERVIEW), were there any periods
   of one month or more during which you were not working for (EMPLOYER), not
   counting paid vacation or paid sick leave?

   Yes ........ (ASK A & B) ........ 1

   No ........ (GO TO B) ........ 0

IF YES, ASK A & B:
A. What is the total number of months you did work for (EMPLOYER) before
   (DATE OF LAST INTERVIEW)?

   ENTER # OF MONTHS: 

   68-69/

B. For all of the rest of the questions we have about (EMPLOYER), please
   think only of the time you worked for (EMPLOYER) since (DATE OF LAST
   INTERVIEW).

C. INTERVIEWER: ENTER DATE OF LAST INTERVIEW AT Q. 6 AND GO ON TO Q. 7.

6. REFERENCE DATE FROM Q. 1F, Q. 2F, Q. 4, OR Q. 5C:

   MONTH   DAY   YEAR

   70-75/
7. Are you currently working for (EMPLOYER)?

Yes ...........(GO TO A) ............ 1
No .............(ASK B-D) ............ 0

IF YES:
A. INTERVIEWER: ENTER CURRENT INTERVIEW DATE IN ROW B OF CALANDAR. ENTER REFERENCE DATE FROM Q. 6 IN ROW B OF CALENDAR. DRAW A LINE IN ROW B ON CALENDAR FROM REFERENCE DATE TO PRESENT DATE. LABEL THE LINE WITH THE NAME OF THE EMPLOYER. THEN GO TO Q. 8.

IF NO, ASK B-D:
B. When did you last stop working for (EMPLOYER)?
   1) ENTER IN BOX BELOW.

   MONTH   DAY   YEAR

   2) ENTER IN ROW B OF CALENDAR. ENTER REFERENCE DATE FROM Q. 6 IN ROW B OF CALENDAR. DRAW A LINE FROM REFERENCE DATE TO DATE STOPPED. LABEL THE LINE WITH THE NAME OF THE EMPLOYER.

C. Which of the reasons on this card best describes why you happened to leave this job? CODE ONE ONLY.

   HAND CARD L

   Layoff, plant closed, or end of temporary or seasonal job .... 1
   Discharged or fired .................. 2
   Program ended  ...................... 3
   Quit for pregnancy or family reasons ..................... 4
   Quit for other reasons .............. 5
   Other (SPECIFY) .................. 6

D. Did you have a new job lined up before you left this one?

   Yes ...................... 1
   No ...................... 0

INTERVIEWER: READ FIRST PARAGRAPH FOR THE FIRST SUPPLEMENT ONLY.

8. For one reason or another, people often do not work for a week, a month, or even longer. For example, strikes, layoffs, and extended illnesses can cause people to miss work for a week or longer.

SHOW R CALENDAR. Between (DATE IN Q. 6) and (DATE IN Q. 7B/now), were there any periods of a full week or more during which you did not work for this employer, not counting paid vacations or paid sick leave?

   Yes ....(ASK A ON NEXT PAGE) .... 1
   No ..........(GO TO Q. 9) ........ 0
ES-5

DECK 2

IF YES TO Q. 8, ASK A:

A. Please tell me each period between (DATE IN Q. 6) and (now/DATE IN Q. 7B) during which you didn't work for this employer for a full week or more. PROBE: What other period was there during which you didn't work for this employer for a full week or more? ENTER DATES IN "A." THEN ENTER BELOW THE TOTAL NUMBER OF SEPARATE PERIODS DURING WHICH B DID NOT WORK FOR THIS EMPLOYER:

TOTAL # OF SEPARATE PERIODS: [Enter number]

FOR EACH SET OF DATES ENTERED IN A, ASK B:

B. You said that you were not working for (EMPLOYER) between (READ DATES IN A). HAND CARD M. Which of the categories listed on this card best describes the main reason why you were not working for (EMPLOYER) during this period of time? IF REASONS 1-4, ENTER ONE CODE IN B AND FOLLOW THE INSTRUCTIONS FOR THAT CODE. IF REASON 5, ASK C.

CARD M

1) On strike ..................(GO BACK TO B FOR NEXT PERIOD OR GO TO Q. 9) .......................... 01
2) On layoff ..................(GO BACK TO B FOR NEXT PERIOD OR GO TO Q. 9) .......................... 02
3) Quit job but returned to same employer ..........................(GO TO E) .......................... 03
4) Job ended for a period of time but began again ..........................(GO TO E) .......................... 04
5) Some other reason for which went on unpaid vacation or unpaid leave .(ASK C)

FOR EACH REASON 5, ASK C:

C. What was the reason you were on unpaid vacation or unpaid leave? HAND CARD N. RECORD REASON CODE IN B.

CARD N

6) Going to school ..................(GO BACK TO B FOR NEXT PERIOD OR GO TO Q. 9) .......................... 06
7) Armed forces ..................(GO BACK TO B FOR NEXT PERIOD OR GO TO Q. 9) .......................... 07
8) Pregnancy ..................(GO BACK TO B FOR NEXT PERIOD OR GO TO Q. 9) .......................... 08
9) I had health problems ..........................(GO BACK TO B FOR NEXT PERIOD OR GO TO Q. 9) .......................... 09
10) Problems with child care ..........................(GO BACK TO B FOR NEXT PERIOD OR GO TO Q. 9) .......................... 10
11) Other personal or family reason ..........................(GO BACK TO B FOR NEXT PERIOD OR GO TO Q. 9) .......................... 11
12) FOR SCHOOL EMPLOYEES ONLY: School shut down ..........................(GO BACK TO B FOR NEXT PERIOD OR GO TO Q. 9) .......................... 12
13) Did not want to work ..........................(GO BACK TO B FOR NEXT PERIOD OR GO TO Q. 9) .......................... 13
14) Other reason ..........................(ASK D) .......................... 14

FOR EACH REASON CODE 14, ASK D:

D. What was the reason? RECORD VERRATIM IN D. THEN GO BACK TO B FOR NEXT PERIOD OR GO TO Q. 9.

FOR EACH REASON CODE 03 OR 04, ASK E - J:

E. During how many of those weeks were you looking for work or on layoff from this job—during none, some, or all of those weeks? SEE INSTRUCTIONS IN COLUMNS.

F. INTERVIEWER: USE WEEK # CALENDAR TO DETERMINE WEEK #s OF STARTING AND ENDING DATES IN PART A FOR THIS PERIOD. ENTER THE APPROPRIATE WEEK #s IN BOXES IN F.

G. SUBTRACT WEEK BEGUN FROM WEEK ENDED AND ENTER DIFFERENCE IN G.

H. You were not working from (DATE) to (DATE). That would be about (# OF WEEKS IN G) weeks when you were not working. For how many of these weeks were you looking for work or on layoff from a job? ENTER IN H.

I. INTERVIEWER: SUBTRACT # OF WEEKS LOOKING FOR WORK OR ON LAYOFF (BOX H) FROM # OF WEEKS NOT WORKING (BOX G) AND ENTER IN I.

That leaves (# OF WEEKS IN I) weeks that you were not working or looking for work.

J. What would you say was the main reason that you were not looking for work during that period? RECORD VERRATIM AND ENTER CODE IN J.

DID NOT WANT TO WORK .................. 01 PERSONAL/FAMILY REASONS .................. 07
ILL, DISABLED, Unable TO WORK .................. 02 VACATION .................. 08
FOR SCHOOL EMPLOYEES: SCHOOL WAS NOT IN SESSION FOR THIS PERIOD .................. 03 LABOR DISPUTE/STRIKE .................. 09
BELIEVED NO WORK AVAILABLE .................. 10 BELIEVED NO WORK AVAILABLE .................. 11
ARMED FORCES .................. 03 COULD NOT FIND WORK .................. 12
PREGNANCY .................. 04 IN SCHOOL .................. 12
CHILD CARE PROBLEMS .................. 06 BAD ANOTHER JOB .................. 13
OTHER .................. 06 OTHER .................. 14

K. INTERVIEWER: IF THERE ARE ANY ADDITIONAL PERIODS, GO BACK TO B FOR NEXT PERIOD. OTHERWISE, GO ON TO Q. 9.
9. **INTERVIEWER:** IS THIS EMPLOYER RECORDED IN Q. 13A, SECTION 6, PAGE 6-9?

   YES ......... (SKIP TO Q. 19) .. 1 27/

   NO ......................... 0

10. How many hours per week (do/did) you **usually** work at this job.

    ENTER # OF HOURS: [1] 28-29/

11. **INTERVIEWER:** IS ONE OR MORE OF CODES 04-08 CIRCLED ON THE COVER OF THIS EMPLOYER SUPPLEMENT?

    YES ...........(SKIP TO Q. 15) .. 1 30/

    NO ......................... 0

12. **OMITTED.**

13. **INTERVIEWER:** DID R WORK ON THIS JOB LESS THAN 20 HOURS A WEEK OR 20 HOURS OR MORE A WEEK? (SEE Q. 10)

    LESS THAN 20 HOURS A WEEK (GO TO NEXT EMPLOYER SUPPLEMENT OR SECTION 8, PAGE 8-1) ......... 1 31/

    20 HOURS OR MORE ............ 2

14. **INTERVIEWER:** DID R WORK AT THIS JOB LESS THAN 9 WEEKS OR 9 WEEKS OR MORE SINCE DATE OF LAST INTERVIEW? (SEE Q 6 & 7. IF NECESSARY, SEE CALENDAR FOR WEEK NUMBERS.)

    LESS THAN 9 WEEKS (GO TO NEXT EMPLOYER SUPPLEMENT OR SECTION 8, PAGE 8-1) . 1 32/

    9 WEEKS OR MORE ................. 2

15. What kind of work did you usually do for (EMPLOYER)? **IF MORE THAN ONE KIND OF WORK, PROBE:** What kind of work did you do the longest for (EMPLOYER) (since DATE OF LAST INTERVIEW)?
16. What (are/were) some of your main activities or duties? RECORD VERBATIM.

17. What kind of business or industry (is/was) this? PROBE: What (do/did) they make or do? RECORD VERBATIM.

18. HAND CARD Q. (Are/Were) you (READ CATEGORIES)?
   An employee of a private company, business, or individual for wages, salary, or commission ..... (GO TO Q. 19) .......... 1
   A government employee ... (ASK A) .......... 2
   Self-employed in own business, professional practice, or farm .... (ASK B) .......... 3
   Working without pay in a family business or farm ...(SKIP TO NEXT EMPLOYER SUPPLEMENT OR SECTION 8) ............... 4

IF CODE 2 IN Q. 18, ASK A:
A. (Are/Were) you an employee of the federal government, state government, or local government?
   Federal government employee .......... 1
   State government employee .......... 2
   Local government employee .......... 3
   Don't know ......................... 8

GO TO Q. 19

IF CODE 3 IN Q. 18, ASK B:
B. (Is/Was) your business incorporated or unincorporated?
   Business incorporated ............ 1
   Business unincorporated .......... 2
   Don't know ....................... 8

19. How many hours per day (do/did) you usually work at this job?

   ENTER # OF HOURS: __________
20. Altogether, including tips, overtime, and bonuses, how much (do/did) you usually earn at that job? Please give me the amount you earn(ed) before deductions like taxes and Social Security (are/were) taken out. ENTER IN APPROPRIATE BOXES. PROBE IF NECESSARY: Was that per hour, per day, per week, or what?

\[
\begin{array}{cccc}
\text{DOLLARS} & \text{CENTS} \\
44-48/ & 49-50/ \\
\text{Per hour} & \text{01} \\
\text{Per day} & \text{02} \\
\text{Per week} & \text{03} \\
\text{Bi-Weekly (Every 2 weeks)} & \text{04} \\
\text{Per month} & \text{05} \\
\text{Per year} & \text{06} \\
\text{Other (SPECIFY)} & \text{07} \\
\end{array}
\]

21. (Are/Were) your wages or salary on this job set by a collective bargaining agreement between your employer and a union or employee association?

Yes \text{1} 53/
No \text{0}
DON'T KNOW OR DON'T UNDERSTAND .. \text{8}

22. INTERVIEWER: IS ONE OR MORE OF CODES 04 - 08 CIRCLED ON THE COVER OF THIS SUPPLEMENT?

YES \text{(CONTINUE BELOW)} \text{1} 54/
NO \text{(GO TO NEXT EMPLOYER SUPPLEMENT OR SECTION 8, PAGE 8-1)} \text{0}

23. A. You told me earlier that this job (is/was) part of a government-sponsored program. What (is/was) the name of the government program that sponsored this job? RECORD VERBATIM.

B. Was that job sponsored by (AGENCY FROM A) the entire time you (have) worked there?

Yes \text{(GO TO Q. 24)} \text{1} 10/
No \text{(ASK C)} \text{0}

C. IF NO TO B: When did the government sponsorship end?

\[
\begin{array}{cccc}
\text{MONTH} & \text{YEAR} \\
11-14/ \\
\end{array}
\]
24. A. As far as you know, (is/was) this job part of a CETA Program?
   Yes ................................ 1 .................................. 15/
   No .................................... 0 ................................

B. As far as you know, (is/was) this job (also) part of a WIN Program?
   Yes .................................... 1 .................................. 16/
   No .................................... 0 ................................

25. Why did you decide to enter this program? RECORD VERBATIM AND CODE ONE ONLY. IF MORE THAN ONE REASON, PROBE: Which one of these reasons was the most important to you?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO MAKE MONEY</td>
<td>01</td>
</tr>
<tr>
<td>TO GET A BETTER JOB THAN COULD GET ON OWN</td>
<td>02</td>
</tr>
<tr>
<td>TO GET A JOB</td>
<td>03</td>
</tr>
<tr>
<td>TO GET TRAINING OR EXPERIENCE</td>
<td>04</td>
</tr>
<tr>
<td>TO HAVE SOMETHING TO DO</td>
<td>05</td>
</tr>
<tr>
<td>THE PROGRAM ACTIVITIES SOUNDED INTERESTING</td>
<td>06</td>
</tr>
<tr>
<td>OTHER (SPECIFY)</td>
<td>07</td>
</tr>
</tbody>
</table>

26. We would like to know more about the kinds of services the program provided you. (First/Next) (does/did) this program provide you with (READ CATEGORIES A-C AND CODE "YES" OR "NO" FOR EACH).

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Job counseling?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>B. Classroom training to prepare for a GED?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>C. On-the-job training?</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

27. (Does/Did) this program provide you with other classroom training in reading, writing, or arithmetic?
   Yes ..... (ASK A) ........................ 1 22/
   No ...... (GO TO Q. 28) .............. 0

A. IF YES: (Is/Was) that classroom training part of a program of English as a second language—that is, a program for people who grew up speaking a language other than English?
   Yes .................................... 1 23/
   No .................................... 0
28. (Does/Did) this program provide you with **classroom** training in other skills needed for certain types of jobs?

Yes  ..... (ASK A) .............. 1  
No  ..... (GO TO Q. 29) ...... 0

A. **IF YES**: What kind of job (are/were) you being trained for? RECORD VERBATIM.

29. Did this program place you on a job **outside** the program?

Yes  ..... (ASK A) .............. 1  
No  ..... (GO TO Q. 30) ...... 0

A. **IF YES**: Was the job you were placed in a CETA or Public Service Employment (PSE) job?

Yes  ..... (ASK B) .............. 1  
No  ..... (GO TO Q. 30) ...... 0

B. **IF YES TO A**: In addition to being placed in a CETA or PSE job, were you also placed in a job outside that program?

Yes  ......................... 1  
No  .............................. 0

30. (Does/Did) this program provide you with (READ CATEGORIES AND CODE "YES" OR "NO" FOR EACH)

A. Extra help in preparing for college?  ..... 1  0  
B. Health care or medical services?  ......... 1  0  
C. Child care?  .......................... 1  0  
D. Transportation or bus tokens?  .......... 1  0  
E. Lodging?  .............................. 1  0  
F. Meals?  ............................... 1  0  

31. (Does/Did) this program provide you with any other kinds of services?

Yes  ..... (ASK A) .............. 1  
No  ..... (GO TO Q. 32) ...... 0

A. **IF YES**: What other kinds of services? RECORD VERBATIM.
32. How (does/did) the training or experience you received in this program affect your chances of getting a good job--do you feel that your chances of getting a good job (are/were) improved or not improved?

Improved ........................ 1 38/
Not improved ..................... 0

33. INTERVIEWER: SEE CALENDAR, ROW B. HAS R HAD A JOB SINCE HE LEFT THIS PROGRAM?

YES ..... (ASK Q. 34) ....... 1 39/
NO ....... (SKIP TO Q. 35) ... 0

IF YES TO Q. 33, ASK Q. 34. OTHERWISE, SKIP TO Q. 35.

34. After you left the program, did the training or experience you received in this program help you or not help you in performing any job?

Helped ............................ 1 40/
Did not help ....................... 0

35. Thinking back over your entire experience in this program, how satisfied or dissatisfied are you with it overall--very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

Very satisfied ....................... 1 41/
Somewhat satisfied ................ 2
Somewhat dissatisfied .............. 3
Very dissatisfied .................... 4

36. INTERVIEWER: ARE THERE ANY ADDITIONAL EMPLOYER SUPPLEMENTS NOT YET ASKED ABOUT?

YES .... (CONTINUE WITH THE NEXT EMPLOYER SUPPLEMENT) ............. 1 42/
NO ... (GO TO SECTION 8) ............ 0