



Employer Collaboration Interest Form



Connecting Communities to Work

Transportation Solutions With You In Mind

Help us better understand your workforce transportation needs and explore potential transportation solutions for your employees.

Organization / Participant Information

Company Name: _____

Primary Contact: _____

Industry: _____

Number of Employees: _____

Areas of Interest / Consideration

- Attendance
- Retention
- Recruitment
- Shift Coverage
- Transportation Access
- Other

Workforce Information

- 1st Shift
- 2nd Shift
- 3rd Shift

Estimated Employees Impacted: _____

Interest Level

- Transportation Pilot
- Employer Partnership
- Cost-Sharing Transportation Solution
- Schedule a Conversation

Illustrative Sample Only – Actual survey questions may vary.

Hub-X Transportation Division | A Division of aXcess incorporated

