

## Employer Assessment

### INSTRUCTIONS

The Employer Assessment is an opportunity for you to highlight your organization. We will ask for information about your practices, programs, employee benefits, policies, and population statistics. Please complete as much of the Employer Assessment as possible.

Your submission is worth 20% of your overall score and will be used to determine the final winner list. Should your organization rank among the best, your Employer Assessment will be provided to the authorized media partner, who may use all or a portion of it for publication and event purposes.

If a question is not applicable, or if the requested information is not available, please leave it blank. Unless otherwise specified, all questions apply to business operations in the “best” program area for the most recently completed fiscal year.

### EMPLOYER INFORMATION

President, CEO, Owner (senior-most leader) contact information:

Name (Including prefix or suffix, e.g., Dr., Ms., Mr., Jr., etc.)

Title:

City, City, State/Province, ZIP/Postal Code:

Email address:

*The email address of the senior leader in the above question will only be used to contact this individual to arrange possible interviews for recognition purposes. The email address will not be shared publicly.*

In what year was your organization founded?

Should your organization be named to this year’s list of award winners, what would you want the winning profile to say? Examples of topics to include are: why you are a great place to work, any unique benefits that you offer, why employees like working for your organization, strategies for maintaining high employee retention and engagement, etc. (1000-character limit)

Does your organization coordinate “Fun” activities? (Yes/No)

If yes, please list up to three activities. (250-character limit per description)

Does your organization have a structured system for recognizing achievements, attendance, or safety goals? (Yes/No)

If yes, list up to three examples. *(250-character limit per description)*

Does your organization formally recognize individual employee milestones? (e.g., birthday, work anniversary, birth/adoption of a child, etc.) (Yes/No)

If yes, describe how your organization formally recognizes individual employee milestones. *(1000-character limit)*

What is your annual percentage of voluntary turnover?

## RECRUITING AND EMPLOYMENT PRACTICES

Do you have a strategy to recruit and retain a diverse workforce (e.g., employees of differing gender, race, sexual orientation, disability, and age)? (Yes/No)

If yes, please describe your strategy. *(1000-character limit)*

Do you have a strategy to recruit and retain Generation Z (born 1997 or later) employees? (Yes/No)

If yes, please describe your strategy. *(1000-character limit)*

Does your organization utilize pre-employment screening or skills assessment tools? (Yes/No)

If yes, select all that apply:

- Credit history
- Criminal background checks
- Driving records
- Drug testing
- Education verification
- Personality/behavioral tests
- Previous worker's compensation claims
- Professional reference checks
- Sex offender registry
- Skills assessment
- Social media
- Unstructured recorded interviews
- Work sample tests

Other, please describe:

## DIVERSITY, EQUITY, AND INCLUSION

Does your organization have a formal grievance procedure in place for employees who feel they have been treated unfairly based upon their race, gender identity, or beliefs? (Yes/No)

If yes, briefly explain and provide examples. *(1000-character limit)*

Does your organization provide formal diversity and inclusion training? (Yes/No)

If yes, please list up to three examples. *(250-character limit per example)*

Does your organization have Employee Resource Groups (ERGs) for employees who fall into the “diversity” category? (Yes/No)

If yes, please list the ERGs and the employees they serve. Examples include: a mentorship program, an LGBTQ+ network, a veteran’s support group, a women’s network. *(250-character limit per example)*

## ORGANIZATIONAL BENEFITS

How many employer-paid holidays do you offer each year?

Please select which employer-paid holidays your organization offers (dropdown menu with all federal holidays listed)

Do you offer PTO or vacation/sick/personal? (Yes/No)

If yes, does your organization provide time off as PTO (one bank of time) or as vacation/sick/personal days (separate banks)?

*If PTO is selected:*

Does your organization offer unlimited PTO? (Yes/No)

If yes, what is the average number of PTO days an employee takes in one year?

If yes, list any usage requirements (e.g., minimum number of days, approval processes, blackout days, maximum number of consecutive days).

If no, how many PTO days does an employee receive in their first year of employment?

If no, please describe how employee tenure impacts PTO accrual (e.g., employees receive an additional week for every 5 years of service, additional days are rewarded for each year of service, tenure does not impact accrual, etc.) ( *1000-character limit* )

*If Vacation/Sick/Personal is selected:*

Does your organization offer unlimited vacation days? (Yes/No)

If yes, what is the average number of vacation days an employee takes in one year?

If yes, list any usage requirements (e.g., minimum number of days, approval processes, blackout days, maximum number of consecutive days).

If no, how many vacation days does an employee receive in their first year of employment?

If no, please describe how employee tenure impacts vacation accrual (e.g., employees receive an additional week for every 5 years of service, additional days are rewarded for each year of service, tenure does not impact accrual, etc.) ( *1000-character limit* )

Does your organization offer unlimited sick days? (Yes/No)

If yes, what is the average number of sick days an employee takes in one year?

If yes, list any usage requirements (e.g., minimum number of days, approval processes, blackout days, maximum number of consecutive days).

If no, how many sick days does an employee receive in their first year of employment?

If no, please describe how employee tenure impacts sick day accrual (e.g., employees receive an additional week for every 5 years of service, additional days are rewarded for each year of service, tenure does not impact accrual, etc.) ( *1000-character limit* )

Does your organization offer unlimited personal days? (Yes/No)

If yes, what is the average number of personal days an employee takes in one year?

If yes, list any usage requirements (e.g., minimum number of days, approval processes, blackout days, maximum number of consecutive days).

If no, how many personal days does an employee receive in their first year of employment?

If no, please describe how employee tenure impacts personal day accrual (e.g., employees receive an additional week for every 5 years of service, additional days are rewarded for each year of service, tenure does not impact accrual, etc.) ( *1000-character limit* )

Other than what is required by the Fair Labor Standards Act (FLSA), what other types of time off do you offer (e.g., birthdays, holiday time, comp time)? Please list up to three examples and describe. *(250-character limit per example)*

Other than what is required by the Family and Medical Leave Act (FMLA) or other laws, which benefits do you offer for the adoption/birth of a child? *(Select all that apply)*

- Fully paid maternity leave
- Partially paid maternity leave
- Unpaid maternity leave
- Fully paid paternity leave
- Partially paid paternity leave
- Unpaid paternity leave
- Other, please describe:

Our organization does not offer other benefits for the adoption/birth of a child.

Do you offer healthcare benefits? (Yes/No)

If yes, who is eligible?

- Full-time employees only
- Full-time and part-time employees (working less than 32 hours a week)

When can a new hire enroll in your organization's healthcare plan *(check one)?*

- First day of hire
- First day of the next month after hire
- 30 days after hire
- 60 days after hire
- 90 days after hire
- More than 90 days after hire
- Other, please describe: \_\_\_\_\_

Please put a check mark next to each benefit provided by your organization and the percentage of the premium cost absorbed by the organization. If your organization offers more than one plan for any benefit, please select the response which describes your most basic plan.

- Medical coverage (employee)
- Supplemental medical coverage (employee)**
- Medical coverage (dependents)
- Supplemental medical coverage (dependents)**
- Dental coverage (employee)
- Dental coverage (dependents)

- Vision coverage (employee)
- Vision coverage (dependents)
- Long-term care insurance (employee)
- Long-term care insurance (dependents)
- Life insurance (employee)
- Life insurance (dependents)

Long-term disability benefits  
Health Savings Accounts

Short-term disability benefits  
Flexible Spending Accounts

Regarding your organization's healthcare benefits (health, dental, vision, long-term care, disability, supplemental health insurance, pet insurance, etc.), is there anything else you'd like to tell us? *(1000-character limit)*

Does your organization provide employees with third-party resources to receive help with personal issues (e.g., EAP)? (Yes/No)

If yes, briefly describe. *(1000-character limit)*

Does your organization offer an employee retirement plan? *(Select all that apply.)*

401(k), 403(b) or 457 Pension Plan (SIMPLE, SEP and/or SARSEP)  
Defined benefit plan  
Formal profit-sharing plan  
Employer match or other formal contribution to the retirement plan  
Other, please describe: \_\_\_\_\_  
My organization does not offer a retirement plan.

If employer match selected, please briefly describe your employer match *(250-character limit)*:

Regarding your organization's retirement plan, is there anything else you'd like to tell us? *(1000-character limit)*

Does your organization offer formal programs for employees to participate in ownership (e.g., an ESOP)? (Yes/No)

If yes, please describe. *(1000-character limit)*

Does your organization offer any of the following supplemental retirement plans in addition to the CPP? *(Select all that apply)*

Registered Pension Plan (Defined Contribution and Defined Benefit)  
Group RRSP  
Deferred Profit Sharing Plan  
Our organization does not offer supplemental retirement plans.

What types of tuition reimbursement and/or assistance does your organization offer? (*Select all that apply.*)

Advanced or post-graduate degree

Business education workshops and/or conferences

Professional certifications

Work-related courses

Other, please describe: \_\_\_\_\_

My organization does not offer tuition reimbursement and/or assistance.

What percentage of your employee population works remotely?

What best practices do you employ to keep your remote workforce engaged? (*1000-character limit*)

Other than what you have mentioned elsewhere in this assessment, please tell us about any other unique benefits your organization offers to employees (*1000-character limit*).

## **GIVING BACK, WELLNESS INITIATIVES, AND WORK-LIFE BALANCE**

In what ways does your organization give back to the community? (*Select all that apply*)

We've implemented an employee volunteer program

We allow employees to participate in community service during normal business hours without losing pay or using vacation time

We host drives (food, clothing, toys)

We match employees' charitable donations

We provide opportunities for employees to engage with local health or human service initiatives

Other, please describe:

Our organization does not formally support community initiatives.

Does your organization support health and wellness via any of the following? (*Select all that apply*)

Fitness and/or wellness programs within the workplace

Furniture that is ergonomically correct and/or encourages movement

Health club membership or fitness/wellness program reimbursement

Snacks, meals, meal stipends, and/or beverages

Workplace facilities to promote exercise and fitness

Other, please describe:



Our organization does not support formal health and wellness initiatives.

Are managers trained to look for and deal with signs of mental stress, fatigue, and/or burnout among their team? (Yes/No)

If yes, please briefly describe (type of training, how often). (1000-character limit)

Does your organization offer any of the following family-friendly benefits (*Select all that apply*)?

Adoption benefits, including information and referral services, paid time off, legal, counseling and agency fees, court costs, travel and lodging, etc.

All or part of employees' full- or part-time childcare paid, either on a regular basis or at pre-arranged times

Employees' family members invited to workplace celebration or holiday events

Financial planning workshops, seminars, or classes

Lactation facilities, lactation support programs, and/or breastmilk shipping during business travel for breastfeeding mothers

Marriage and family counseling

Marriage anniversary time off

On-site childcare

Schedule flexibility to attend children's school events (sports, music, other activities)

Tickets to sporting events or other entertainment events, museums or amusement parks

Time off to take family members to medical appointments

Other, please describe:

None of the above

Does your organization offer any of the following work-life balance benefits (*Select all that apply*)?

Employee concierge services (e.g., car washes; chair massages; laundry service; etc.)

Employees are encouraged to limit checking of email and voicemail outside of work hours

Employees are not permitted to work while on vacation

Employees are required to take time off

Flexible work hours

Managers are formally trained to encourage work/life balance amongst their staff

Meetings and staff-only events are not scheduled after hours.

No mandatory overtime (or kept to a strict pre-approved minimum)

Personal development and/or stress management workshops, seminars, or classes

Sabbatical leave

Time management workshops, seminars, or classes

Other, please describe:

None of the above



**EMPLOYEE FEEDBACK, DEVELOPMENT, AND ENGAGEMENT**

How often does your organization conduct employee engagement surveys?

- This is the first time
- Less than once a year
- Once a year
- More than once a year

After receiving survey results, what specific strategies has your organization employed to improve workplace culture and productivity? (*1000-character limit*)

How often does your organization conduct performance reviews for all employees?

- As needed
- Annually
- Semiannually
- Three or more times a year
- My organization does not conduct employee performance reviews for all employees.

Does your organization offer formal employee professional development and/or career advancement programs? (Yes/No)

If yes, please briefly describe. (*1000-character limit*)

Does your organization offer any programs or training that prepares employees for leadership roles? (*Select all that apply*)

- Job shadowing and/or cross training
- Leadership workshops or other formal leadership education
- Mentoring
- Support of leadership roles within volunteer organizations outside of your organization
- Other, please describe:
- My organization does not offer programs or training that prepares employees for leadership roles.

Do you require employees to complete any of the following workplace-related training on a regular basis? (*Select all that apply*):

- Communication
- Conflicts of interest
- Cyber security

Discrimination  
Job safety  
Moral behavior  
Products and services  
Quality  
Racial sensitivity  
Sexual harassment  
Other, please describe:  
None of the above

Is there anything else you would like to tell us about your organization? (1000-character limit)

## ADDITIONAL INFORMATION FOR POSSIBLE RECOGNITION

Should you make the list, we would like to notify your top three vendors or suppliers. Please provide the names and contact information: Vendors 1 - 3:

Vendor Name:  
Contact Name:  
Address, City, State/**Province**, ZIP/**Postal Code**:  
Telephone:  
Email Address:

{insert media partner name} may want to publicize a point of contact in the “best” program area. Please provide contact information for an employee that your organization would feel comfortable having publicly published or printed. It could be a member of the HR team, a PR contact, or the senior most leader of the organization within the applicable program area.

Name: (Including prefix or suffix, e.g., Dr., Ms., Mr., Jr., etc.)  
Title:  
City, State/**Province**, ZIP/**Postal Code**:  
Email address:  
Phone number:

Please provide us with a high-resolution version of your logo (Upload, specifications will be provided online).

Please provide us with three fun photos of your organization (Upload, specifications will be provided online).

Thank You!