

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, State, ZIP:
Email address:

“Best” Program Area Leader (President, CEO, Owner, senior-most leader in the area where your organization is applying for the “best” award):

Name (Including prefix or suffix, e.g., Dr., Ms., Mr., Jr., etc.)
Title:
City, State, ZIP:
Email address:

The email addresses of the senior leaders in the above two questions will only be used to contact this individual to arrange possible interviews for recognition purposes. The email addresses 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 time? (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, bereavement, jury duty)? 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)	Long-term care insurance (employee)
Medical coverage (dependents)	Long-term care insurance (dependents)
Dental coverage (employee)	Life insurance (employee)
Dental coverage (dependents)	Life insurance (dependents)
Vision coverage (employee)	Short-term disability benefits
Vision coverage (dependents)	Flexible Spending Accounts
Long-term disability benefits	
Health Savings 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.)* Answer choices not selected will result in our assumption that these benefits are not offered. List recognition could reflect that as well.

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)

What types of tuition reimbursement and/or assistance does your organization offer? (*Select all that apply.*) Answer choices not selected will result in our assumption that these benefits are not offered. List recognition could reflect that as well.

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? Leaving this question unanswered will result in our understanding that this benefit is not offered. List recognition could reflect that as well.

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

What perks do you offer in the office to attract employees? (ex. Free Lunches, Friday Doughnuts, Coffee Bar)

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*)? Answer choices not selected will result in our assumption that these benefits are not offered. List recognition could reflect that as well.

- 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, ZIP:
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, ZIP:
Email address:
Phone number:

Please provide us with a high-resolution version of your logo. By submitting to us your logo, you grant the respective publishing partner(s) the exclusive right to publish this information.

Please adhere to the following guidelines when uploading your logo:

- The logo should be color, not black and white.
- JPG, JPEG, and PNG files are acceptable. Minimum resolution 1500 pixels width x 900 pixels height (or 3 inches width x 5 inches height at 300 dpi).
- The logo should be no larger than 5MB. If your image is larger than 5MB, you must re-size it.
- The following file formats are not acceptable: AI, BMP, EPS, GIF, PDF, TIFF or Word.
- Do not submit a scanned logo.
- Do not submit a logo downloaded from a website.

Please provide us with three fun photos of your organization. By submitting to us your images, you grant the respective publishing partner(s) the exclusive right to publish this information.

Please adhere to the following guidelines when selecting your images:

- Photos should have been taken within the last year.
- All images should be high-resolution. Usable photos are at least a minimum resolution 1500 pixels width x 900 pixels height (3 inches width x 5 inches height at 300 dpi), 300KB but less than 5MB. Do not upload images larger than 5MB. If your image is larger than 5MB, you must re-size it.
- PEG, JPG, or PNG files are acceptable.
- BMP, EPS, AI, GIF, PDF, PPT and Word files will not be accepted.
- Do not use cell phone images.
- Do not copy/paste from a website.
- Do not submit scanned images.
- Please provide a short caption describing each photo.

ADDITIONAL PARTNER QUESTIONS

The following questions were developed by the Orange County Business Journal. Responses to these questions will not be used in the analysis to determine the Best Places to Work in Orange County.

How much of your local workforce lives in Orange County?

- 75% or more
- 50% - 74%
- 25% - 49%
- Less than 25%

The majority of our employees who commute from outside Orange County come from:

Los Angeles County
Inland Empire (Riverside and San Bernardino Counties)
San Diego County
None of our employees commute from outside Orange County.

Do you offer flex-time schedules based on traffic congestion?

- Yes
- No

Has your company leased or bought offices to provide creative-office work space?

- Yes
- No

How many employees does your company hire on average or expect to hire in the following year within Orange County?

Does your company provide accessibility to counseling services or mental health support programs for employees?

- Yes
- No

If yes, please describe:

Are there any recognition programs or incentives (i.e., Best Employee of the Month award) tied to an employee's performance that are offered?

- Yes
- No

If yes, please describe:

Is there availability for mentorship programs, internships or opportunities for those pursuing further education or certificates?

- Yes
- No

If yes, please describe: