

## EMPLOYER ASSESSMENT

### GENERAL WORKPLACE CONTACT INFORMATION

Name of organization (if your organization makes the “best” list, this will be used for publishing purposes):

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:
- Number of years as the leader of your organization: \_\_\_\_\_ Year(s)
- Is this person a woman? Yes/No
- Is this person ethnically diverse? Yes/No

“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:
- Is this person a woman? Yes/No
- Is this person ethnically diverse? Yes/No

*The email addresses of the senior leaders in Q2 and Q3 will only be used to contact this individual to arrange possible interviews for recognition purposes. The email addresses will not be shared publicly.*

Our media partners may want to publish the name of an employee in the “best” program area. Please provide contact information for such a person. *(We are looking for a person that your company would feel comfortable having publicly published or printed. It could be a member of the HR team, a PR contact or the most senior leader of the organization.)*

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

## GENERAL INFORMATION

What is your organization's industry? (drop-down menu)

How would you describe your organization to someone outside of your industry? (1000 character limit)

Why should your organization be included on the "best" list? (1000 character limit)

What makes an employee want to stay at your organization? (800 character limit)

How would you describe your workplace culture in one sentence?

Does your organization have established core values? (Yes/No) If yes, how does your organization demonstrate these core values? (800 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? (Yes/No) If yes, list up to three examples. (250 character limit per description)

Does your organization formally recognize employee birthdays and/or work anniversaries? (Yes/No) If yes, describe how your organization formally recognizes employee birthdays and/or work anniversaries. (250 character limit)

## WORKFORCE INFORMATION

Your organization submitted the total number of permanent full- and part-time eligible employees in the "Best" program area on the email upload portal (*online employee survey method*) or on the confirmation checklist (*paper employee survey method*). Based on that number, please provide the percentage of employees in each category below, if available.

What percentage of your employees are millennials? (*Millennials are those born between 1981 and 1997.*)  
What percentage of senior level positions within your organization are held by women?

## 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. (800 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 & 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. (800 character limit)

Does your organization provide formal inclusion and diversity 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 veterans support group, a women's network. (250 character limit per example)

## ORGANIZATIONAL BENEFITS

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

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

What other types of time off do you offer (e.g., birthdays, holiday time, adoption/birth of a child)? Please list up to three examples and describe. *(250 character limit per example)*

If you have "New Parent" benefits that are different than what is required by the Family and Medical Leave Act (FMLA) or other laws, please describe. *(250 character limit)*

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)

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

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? (800 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. (800 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

- If you have an employer match, please briefly describe:

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

My organization does not offer a retirement plan

Regarding your organization's retirement plan, is there anything else you'd like to tell us? (800 character limit)

Does your organization offer formal programs for employees to participate in ownership (e.g., an ESOP)? (Yes/No) If yes, please describe. (800 character limit)

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 is working remotely?

What percentage of your employee population was working remotely prior to COVID (March 2020)?

## 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 work-life balance or wellness via any of the following? *(Select all that apply)*

- Fitness and/or wellness programs within the workplace
- Flexible work hours
- Furniture that is ergonomically correct and/or encourages movement
- Health club membership or fitness/wellness program reimbursement
- Snacks, meals, meal stipends, and/or beverages
- Telecommuting
- Workplace facilities to promote exercise and fitness
- Other, please describe:
- Our organization does not support formal work-life balance or 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). *(800 character limit)*

Other Work-Life Balance or 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
- 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
- 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
- Managers are formally trained to encourage work/life balance amongst their staff
- Marriage and family counseling
- Marriage anniversary time off
- Meetings and staff-only events are not scheduled after hours
- No mandatory overtime (or kept to a strict pre-approved minimum)
- On-site childcare

- Personal development and/or stress management workshops, seminars, or classes
- Sabbatical leave
- 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 management workshops, seminars, or classes
- Time off to take family members to medical appointments
- Other, please describe:

## TRAINING AND CAREER DEVELOPMENT

How often does your organization perform 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. (800 character limit)

Does your organization offer any programs or trainings that prepare 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 trainings that prepare 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:

## 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:

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!