

## 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, Province and Postal Code:

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

*The email address of the senior leader in Q2 will only be used to contact this individual to arrange possible interviews for recognition purposes. The email address 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 organization 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, Province and Postal Code:

Email address:

Phone number:

### GENERAL INFORMATION

In what year was your organization founded?

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)

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)

## 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 1996.*)

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, comp time)? Please list up to three examples and describe. *(250 character limit per example)*

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.

Supplemental Medical coverage (employee)  
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  
Short-term disability benefits  
Health Savings Accounts

Regarding your organization's employee benefits (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 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

Do any of your employees telecommute (designated as "remote" or "work-from-home") on a full-time or part-time basis? Yes/No

What percentage of your employee population is telecommuting?

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

What best practices does your organization use to keep your remote workforce engaged? (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 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:  
None of the above

## 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:  
None of the above

## 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, Province and Postal Code:

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!