

Important instructions for filling out the Employer Questionnaire:

Please fill out the questionnaire as completely as possible. Your answers will be used to rank companies and determine the "Best" list. If your organization makes the list, all or a portion of the information you submit may be shared in the publication and/or website announcing the list, as well as in "spotlighting" each organization should there be an awards event.

1: All questions apply to operations in Atlantic Canada, unless otherwise noted.

2: All questions apply to operations within your organization's most recently completed fiscal year, unless otherwise noted.

3: Please navigate within the questionnaire using the "Back" and "Save and Continue" buttons found at the bottom of each page.

- Please do not use the back and forward arrow buttons on your Internet browser. To page forward in the questionnaire, you must select the "Save and Continue" button. To page backward, please select the "Back" button. Both the "Back" and "Save and Continue" buttons appear at the bottom of each page.
- If you should unintentionally select your browser's back or forward arrow, simply click the Refresh button on your Toolbar which will take you back to the questionnaire.
- The "Save and Continue" button will automatically save your most recent changes to that page in the questionnaire.

4: For questions requiring a NUMERIC RESPONSE:

- Please respond using whole numbers only, rounding to the nearest whole number if necessary.
- If a question relates to a employee benefit and your organization provides different benefits for different classes of employees, please provide the average value across all employees. For example, if the question asks "How many vacation days do you provide for an employee who has been with the company for at least one year?" and you offer 15 vacation days per year to professional staff, 10 to clerical staff and 20 to executives, you would enter 15, which is the average of $15+10+20$.
- If a question does not apply to you or if the requested information is not available, please leave the question blank.

5: For questions requiring a TEXT RESPONSE:

- In some instances, the size of the response box represents the approximate text characters available for that response. For other questions, a character counter has been provided to indicate the available remaining character spaces as you input your response. If you exceed the maximum limit, the character counter will reflect a negative number and any additional text entered beyond the maximum limit will not appear.
- Please be as brief as possible and use language and phrasing that is easy to comprehend. Avoid industry jargon. Do not include employee or client testimonials or quotes within your responses. Do not include any information you cannot support or would not be comfortable having publicized about your company if you make the list.
- If the question does not apply to you, the requested information is not available, or you do not wish to disclose the requested information, please enter "N/A".

6: If you need further clarification of any question, place your cursor over the "?" icon near the individual question and a definition will appear.

7: The Employer Questionnaire is hosted in an online database, so you are able to access the questionnaire as often as necessary prior to the EQ submission deadline. When your questionnaire is complete, select the option that reads "The questionnaire is complete and ready to be submitted" and then click the "Save and Continue" button.

8: "Oh, no! I've submitted our questionnaire, but now I realize I need to revise something!" Not to worry. Should you "Submit" the EQ and need to make changes, you may login to make any necessary updates as often as you like until the questionnaire deadline.

9: Once the submission deadline has passed, only the most recently saved version of your questionnaire will be used during the ranking analysis process. Incomplete questionnaires will not be considered.

10: Only one person can be in the questionnaire at any given time. If more than one person needs to complete this questionnaire, we recommend that you collect the data from the appropriate departments and then have one person input all of the data.

11: At the end of the questionnaire, you will have an option to print out your responses and/or e-mail a copy to yourself for your records. We recommend that you do select one or both of these options, as we will not be able to send you a copy. To print the entire list of questions and responses, do not simply skip to the last page and click "Print". You must "Save and Continue" each page of the questionnaire to the end and then click "Print".

12: If at any time you need to review these instructions regarding the Employer Questionnaire, simply click on the "Click Here for More Information" icon found at the top of each page.

Organization and Contact Information:

1: Organization Name (As you would like it to appear on reports and in print if you make the list):

_____ Organization Name

Please type the full employer name EXACTLY as you would like it printed on all reports and list-related publications/communications.

2: Survey Administrator Name:

_____ Survey Administrator Name

Name of person who is serving as primary contact for this program. This is the person to whom all program-related correspondence will be directed.

3: Survey Administrator email address:

_____ Email

Email address of person who is serving as primary contact for this program. This is the person to whom all program-related correspondence will be directed.

3a: Re-enter Survey Administrator email address:

_____ Email

4: Survey Administrator phone number:

_____ Phone Number

Phone number, including area code, of the person who will be the primary contact for the survey program. Please use dashes to separate the area code, prefix and exchange and add the extension number if applicable (example: 800-555-1212 x100).

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5: Survey Administrator business mailing address:

Company Name _____

Address _____

City _____

State _____

Zip _____

☐ Check this box if the addresses are the same.

We recommend a business mailing address for the person listed as the organization's primary Assessment Coordinator for this program. We caution against providing a home address, as this address may be used for publication purposes.

6: Canadian Employer Headquarters Address, if applicable:

Company Name _____

Address _____

City _____

State _____

Zip _____

6a: Is the Survey Administrator an employee of the organization?

☐ Yes

☐ No

This question is designed to ensure that the contact information for the organization, rather than a public relations or marketing vendor, appears within the awards publication.

7: Employer Web site address:

_____ (Example www.bestcompaniesgroup.com)

Do not include "http://" but do include "www" if applicable.

7a: Employer Twitter handle:

_____ (Example "Best Companies Group @BestCompaniesGP")

Organization and Contact Information Continued:

8: Industry:

- | | | |
|--|--|---|
| <input type="radio"/> Accounting | <input type="radio"/> Financial Services - Other | <input type="radio"/> Manufacturing |
| <input type="radio"/> Advertising/Public Relations/Marketing | <input type="radio"/> Healthcare - Insurance/Services | <input type="radio"/> Publishing/Printing |
| <input type="radio"/> Architecture | <input type="radio"/> Healthcare - Provider | <input type="radio"/> Real Estate |
| <input type="radio"/> Banking | <input type="radio"/> Insurance (non-healthcare) | <input type="radio"/> Restaurant |
| <input type="radio"/> Construction | <input type="radio"/> Legal | <input type="radio"/> Retail |
| <input type="radio"/> Consulting | <input type="radio"/> Non-Profit - Health & Human Services | <input type="radio"/> Services – Other |
| <input type="radio"/> Distribution | <input type="radio"/> Non-Profit - Other | <input type="radio"/> Staffing |
| <input type="radio"/> Education | | <input type="radio"/> Technology |
| <input type="radio"/> Engineering | | <input type="radio"/> Telecommunications |
| <input type="radio"/> Government | | <input type="radio"/> Transportation |
| | | <input type="radio"/> Other – Please list |

Please choose the industry that best describes your organization. If none apply, please select 'Other'

8a: Other (Please tell us your industry if not in the list above.)

_____ Industry

Organization and Contact Information Continued:

9: Optional: Should your organization be named to the list, we would like to notify your top four vendors or suppliers. Please provide the names and contact information of your top four business vendors (Please include contact name, address, email and telephone.)

Should your organization be named to the list, we would like to notify your top four vendors or suppliers (i.e. health insurer, benefits administrator, bank, accounting firm, etc.).

Vendor 1:

Company Name: _____
Contact Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____
E-mail Address: _____

Vendor 2:

Company Name: _____
Contact Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____
E-mail Address: _____

Vendor 3:

Company Name: _____
Contact Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____
E-mail Address: _____

Vendor 4:

Company Name: _____
Contact Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____
E-mail Address: _____

Organization and Contact Information Continued:

Open-ended responses are limited to a maximum number of characters as indicated by the character counter near each text box. When the maximum limit has been reached, the text box will no longer accept additional text. If you input text by copying/pasting from a Word Document, the text box will indicate if you have exceeded the maximum character limit. If this occurs you will need to condense your response in order to continue with the survey. If there is no character counter, the response box is unlimited.

10: Please provide a brief overview of your organization's products/services.

2250 Character Counter

11: If we were to ask your employees, "What three things does your employer do for you that you love?" what would they say? Examples are: chair massages, holiday party, 4-day work week, etc. Be specific; don't just reply, "We are like a family." (Please limit your response to the space provided.)

One _____
Two _____
Three _____

11a: Other than the three items listed in Question 11, are there any other unique or creative employee benefits or programs offered by your organization? Examples are: a "Biggest Loser" weight loss challenge, a ping-pong table, paid time off to provide on-site relief effort to disaster victims, ice cream Fridays, etc. (Please limit your response to the space provided.)

One _____
Two _____
Three _____

Should your organization make the list, responses to this question may be used as a brief employer highlight within the award publication and/or recognition event.

Organization and Contact Information Continued:

12: What is the name of the highest ranking official/CEO within your entire organization?

_____ First Name, Last Name

Please include first name, last name and any suffix if appropriate (examples: Mr. Leslie Smith, Dr. Maria Santiago, Mr. Marcus Williams, Jr.). If your organization does not have a CEO, please provide information for the senior-most position within the organization (e.g., President, Senior Partner, etc.)

12a: Please confirm the title of the highest ranking official/CEO within your entire organization.

_____ Title

"President", "CEO", "Grand Poobah."

12b: Please indicate the office location of the highest ranking official/CEO within your entire organization.

_____ City, State

For example, "U.S. Corporate Office," "San Diego Office," "London, England," etc.

12c: Please indicate the e-mail address of the highest ranking official/CEO. (This email address will only be used to contact this individual to arrange a possible media interview and will not be shared publicly.)

_____ E-mail

This email address will only be used to contact this individual to arrange a possible interview for publication purposes and will not be shared publicly.

12d: How many years has your highest ranking official/CEO been in this position within the organization? (Please enter a whole number. If less than one year, please put 1. Do not enter year of start date.)

_____ Year(s)

Organization and Contact Information Continued:

Please answer the following questions using the appropriate employee counts as of [registration deadline]. Please round to the nearest whole number and do not include text, decimal places or commas.

13: Please enter the total number of full-time, permanent staff employed in Canada. (This number should include partners, founders and other salaried executives. Do not include part-time, temporary, seasonal or per diem employees, nor consultants and independent contractors.)

_____ Full-Time Canadian Employees

This number should include partners, founders and other salaried executives. Do not include part-time, temporary, seasonal or per diem employees, nor consultants and independent contractors.

13a: Please enter the total number of part-time, permanent staff employed in Canada. (This number should include partners, founders and other salaried executives. Do not include full-time, temporary, seasonal or per diem employees, nor consultants and independent contractors.)

_____ Part-Time Canadian Employees

This number should not include full-time, temporary, seasonal or per diem employees, nor consultants and independent contractors.

14: Please enter the total number of full-time, permanent staff employed in just Atlantic Canada. (This number should include partners, founders and other salaried executives. Do not include part-time, temporary, seasonal or per diem employees, nor consultants and independent contractors.)

_____ Full-Time Atlantic Canada Employees

This number should include partners, founders and other salaried executives. Do not include part-time, temporary, seasonal or per diem employees, nor consultants and independent contractors.

Organization and Contact Information Continued:

14a: Please enter the total number of part-time, permanent staff employed in just Atlantic Canada. (This number should include partners, founders and other salaried executives. Do not include full-time, temporary, seasonal or per diem employees, nor consultants and independent contractors.)

_____ Part-Time Atlantic Canada Employees

This number should not include full-time, temporary, seasonal or per diem employees, nor consultants and independent contractors.

14b: Within your organization, what is the minimum number of hours per week that an individual must work to be considered a full-time employee?

- ☐ 1 - 19 Hours
- ☐ 20 Hours
- ☐ 21 - 24 Hours
- ☐ 25 Hours
- ☐ 26 - 29 Hours
- ☐ 30 Hours
- ☐ 31 - 34 Hours
- ☐ 35 Hours
- ☐ 36 - 39 Hours
- ☐ 40 Hours

15: How many full-time Human Resources staff persons do you employ within your organization?

_____ Full-Time HR staff

Please indicate the total number of full-time staff dedicated solely to human resources functions. This number should not include employees of the organization acting in other roles who also perform the HR function, such as a CFO with HR decision-making responsibilities or a staff accountant who performs payroll functions, nor any outsourced or contracted HR personnel.

Organization and Contact Information Continued:

16: What professional Human Resources certifications are currently held by your organization's HR staff (Select all that apply.)

- ☐ Professional in Human Resources (PHR)
- ☐ Senior Professional in Human Resources (SPHR)
- ☐ Global Professional in Human Resources (GPHR)
- ☐ Certified Compensation Professional (CCP)
- ☐ Certified Benefits Professional (CBP)
- ☐ Global Remuneration Professional (GRP)
- ☐ Work Life Certified Professional (WLCP)
- ☐ Certified Executive Compensation Professional (CECP)
- ☐ Certified Sales Compensation Professional (CSCP)
- ☐ Other

Other: (Please respond with full certification title, not just initials, and the accrediting institution.)

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List only professional HR certifications such as those granted by the Human Resources Certification Institute (PHR/SPHR/GPHR), World At Work Society of Certified Professionals (CCP/CBP/GRP/WLCP) or other accredited institutions.

17: What percentage of your employees are male?
_____ Percent

To calculate this percentage, divide the number of male employees by the total number of employees and multiply by 100.

18: What percentage of your employees are female?
_____ Percent

To calculate this percentage, divide the number of female employees by the total number of employees and multiply by 100.

Organization and Contact Information Continued:

19: What percentage of your executive team is male?
_____ Percent

Executive Team refers to Vice President/Partner level and above, but does not include the Board of Directors. To calculate this percentage, divide the number of male executives by the total number on the executive team and multiply by 100.

20: What percentage of your executive team is female?
_____ Percent

Executive Team refers to Vice President/Partner level and above, but does not include the Board of Directors. To calculate this percentage, divide the number of female executives by the total number on the executive team and multiply by 100.

21: In the most recently completed fiscal year, what was the average annual earnings for salaried employees in your organization? (Include partners if salaried.)
_____ Average Earnings for Salaried Employees

Annual earnings should not include bonuses, base salary only.

22: In the most recently completed fiscal year, what was the average annual earnings for hourly employees in your organization?
_____ Average Earnings for Hourly Employees

To calculate the average annual earnings of hourly employees, multiply the average hourly rate for all hourly staff by 2,080 hours. For example, if the average rate for all hourly staff in your organization is \$10 per hour, the average annual rate would be $\$10 \times 2,080 = \$20,800$.

Organization and Contact Information Continued:

23: How many new, full-time hourly or salaried permanent positions were created in the most recently completed fiscal year?

_____ Positions Created

"Newly created positions" are job roles which previously did not exist and were not performed by any individual. Do not include existing positions which were vacated due to voluntary or involuntary turnover, layoffs, discharges or retirement.

24: How many open, full-time hourly or salaried permanent positions were filled in the most recently completed fiscal year?

_____ Positions Filled

"Open positions filled" includes new hires, and internal transfers and promotions to fill both vacated and newly-created hourly and salaried positions.

25: Of all open, full-time permanent salaried positions filled in the most recently completed fiscal year, what percentage of those positions were filled by internal staff?

_____ Percent

To calculate this percentage, divide the number of transfers and promotions of existing employees within the company by the total number of filled positions and multiply the result by 100.

26: What was your organization's percentage of voluntary turnover in the most recently completed fiscal year?

_____ Percent

Voluntary turnover refers to instances where management agrees that the employee had the option to continue employment with the organization at the time of separation (i.e., the employee chose to leave rather than was asked to leave the organization). Include anyone who was on the payroll, both full- and part-time. Do not include layoffs, discharges and retirees. To calculate this percentage, divide the number of voluntary separations by the total number of employees and multiply this result by 100. If there was no turnover, please respond 0.

Organization and Contact Information Continued:

27: What was the 2014 average percentage of voluntary turnover within your organization's industry?

_____ Percent

☐ Information Not Available

28: In the most recently completed fiscal year, what percentage of your full-time permanent, hourly or salaried employee population was involuntarily separated from employment due to a layoff or reduction in force?

_____ Percent

A layoff is an involuntary separation initiated by the employer and includes a layoff with no intent to rehire, a formal layoff lasting or expected to last more than 7 days, or a discharge resulting from a merger, downsizing or closing. To calculate this percentage, divide the number of layoffs by the total number of employees and multiply this result by 100.

Hiring and Employment Practices:

29: Does your organization employ any programs/practices to actively recruit/retain employees of varying ethnic and cultural backgrounds?

- ☐ Yes
- ☐ No

29a: If yes, beyond simply stating that your organization is an Equal Opportunity Employer, please briefly describe any programs/practices you employ to actively recruit/retain employees of varying ethnic and cultural backgrounds.

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Examples may include partnering with and recruiting from local ethnic, cultural and religious organizations; recognizing holidays within your multi-cultural workforce; planning multi-cultural awareness activities; providing diversity training; etc.

30: Does your organization employ any programs/practices to actively recruit/retain members of the disabled community?

- ☐ Yes
- ☐ No

30a: If yes, beyond simply stating that your organization is an Equal Opportunity Employer, please briefly describe any programs/practices you employ to actively recruit/retain members of the disabled community.

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Examples may include partnering with and recruiting from local vocational rehabilitation organizations; insuring the workplace provides accommodations for disabled individuals; providing diversity training; etc.

Hiring and Employment Practices Continued:

31: Does your organization employ any programs/practices to actively recruit/retain an aging workforce?

- ☐ Yes
- ☐ No

31a: If yes, beyond simply stating that your organization is an Equal Opportunity Employer, please briefly describe any practices you employ to actively recruit/retain an aging workforce.

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Examples may include partnering with and recruiting from local senior's organizations; offering semi-retirement options to tenured employees; providing diversity training; etc.

32: Does your organization provide any formalized resources or support to employees who feel they have been treated unfairly?

- ☐ Yes
- ☐ No

Refers to a formal process, other than approaching an immediate supervisor, for an employee to express fairness concerns. Examples include non-biased third-party conflict resolution or mediation, formal grievance procedures, etc.

33: What pre-employment screening tools does your organization utilize in the hiring process? (Select all that may apply.)

- ☐ Personality or behavioral assessments
- ☐ Criminal background checks
- ☐ Credit checks
- ☐ Professional references
- ☐ Personal references
- ☐ Our organization does not use any pre-employment screening tools
- ☐ Other, please describe _____

While drug testing is not required under the Drug-Free Workplace Act of 1988, many employers elect to test for a wide variety of substances including amphetamines, cannabinoids, cocaine and opiates.

Hiring and Employment Practices Continued:

34: Does your organization have a formal policy regarding employee blogging, online social networking, or use of employer equipment for personal email access, etc.?

- ☐ Yes
- ☐ No

An organization may block access to social media sites on employer equipment, or may enforce a policy that use of the employer's electronic resources to access social media sites (such as Twitter, Facebook or MySpace) for non-business purposes is prohibited.

35: Does your organization have a formal policy to protect intellectual property, trade secrets or other proprietary information?

- ☐ Yes
- ☐ No

Intellectual property refers to intangible proprietary information such as formulas and ideas, inventions, designs, literary and artistic works and web pages. Examples include specific manufacturing processes, plans for a product launch, or a chemical formula.

Pay & Benefits Continued:

36: Does your organization offer any employee bonus or incentive programs?

- ☐ Yes
☐ No

Performance bonus/incentive plans are those which provide a financial or other tangible reward based on an employee's performance during a specified time period. Examples of rewards may include cash bonuses, company stock, gifts, vacations, use of a company vehicle or residence, free parking, etc.

If yes, please briefly describe your top three employee bonus or incentive programs including who is eligible, typical rewards, and any unique aspects.

One of Three: Top employee bonus or incentive programs:

250

Two of Three: Top employee bonus or incentive programs:

250

Three of Three: Top employee bonus or incentive programs:

250

37: Do you offer bonuses to employees who refer new hires?

- ☐ Yes
☐ No

Commonly referred to as recruitment bonus or employee-referral bonus. Do not include salary or bonuses that may be provided to recruitment staff. An Employee Referral Bonus provides an incentive award to a current employee who refers a new applicant who is subsequently selected and successfully employed.

Pay & Benefits Continued:

38: Do you offer a Profit Sharing Program?

- ☐ Yes
- ☐ No

A profit sharing program is a compensation arrangement in which employees receive additional pay or benefits when the employer earns or increases profits. It is separate from employee's regular salaries or bonuses.

39: Do you offer an Employee Stock Option Program (ESOP)?

- ☐ Yes
- ☐ No

An ESOP (also known as a stock purchase plan) is a trust set up by a corporation to allot some of its stock to be purchased by its employees over time. Used as an employee incentive, an ESOP may be a profit sharing, stock bonus, or money purchase pension plan.

40: Do you offer a retirement savings program??

- ☐ Yes
- ☐ No

40a: If yes, when is an employee eligible to begin contributing to their retirement account?

- ☐ 30 days after hire
- ☐ 90 days after hire
- ☐ 6 months after hire
- ☐ 1 year after hire
- ☐ Other, please describe _____

40b: If yes, do you match employee contributions to an employee's retirement account?

- ☐ Yes
- ☐ No

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40c: If yes, do you also offer a discretionary match above and beyond the standard employer match?

- ☐ Yes
☐ No

A discretionary match is when the company decides from year-to-year how much of the employee's contribution to match. This may occur in the form of an additional profit sharing contribution.

Pay & Benefits Continued:

41: For each of the following benefits, indicate what percentage of the premium (cost of the benefit) is paid for by the employer. "Employee" refers to full-time employees only. If your organization offers more than one plan for any benefit, please select the response which describes your most basic plan. If your organization does not offer a benefit, please select "This benefit not offered." Mouse over the name of the coverage for more information.

| | Employer pays 100% of premium | Employer pays 75% - 99% of premium | Employer pays 50% - 74% of premium | Employer pays 25% - 49% of premium | Employer pays less than 25% of premium | This benefit not offered |
|---|-------------------------------|------------------------------------|------------------------------------|------------------------------------|--|--------------------------|
| Medical coverage (employee) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medical coverage (dependents) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Prescription coverage (employee) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Prescription coverage (dependents) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dental coverage (employee) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dental coverage (dependents) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Vision coverage (employee) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Vision coverage (dependents) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Long-term care insurance (employee) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Long-term care insurance (dependents) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Life insurance (employee) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Life insurance (dependents) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Short-term disability benefits | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Long-term disability benefits | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

42: If necessary, please use this space to briefly describe any unique aspects of your healthcare benefits (health, dental, vision, long-term care, disability, supplemental health insurance, pet insurance, etc.)

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43: When is a new employee eligible to enroll in the organization's healthcare plan?

- ☐ 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 _____

44: Our organization offers the option to enroll in health benefits to:

- ☐ Full-time employees only
- ☐ Full-time and part-time employees
- ☐ Full-time, part-time and seasonal employees
- ☐ Our organization does not offer employee health benefits

Please consider whatever definition of "full-time" and "part-time" employment that your organization recognizes when answering this question.

45: Does your organization offer domestic partner benefits?

- ☐ Yes
- ☐ Yes, this benefit is required by law
- ☐ No

A domestic partner is defined as a person of the same or opposite sex with whom the employee lives as a couple, not necessarily joined in any legal partnership, marriage, or civil union.

46: What is the number of paid holidays your organization offers per year?
_____ Paid Holidays

If the number varies from year to year, please provide the number offered in the latest fiscal year. If holidays are included in a PTO (paid time off) bank, enter the number the employer allotted in defining the total PTO bank accrual.

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

- ☐ PTO (PTO→ Enable Q49a)
- ☐ Vacation / Sick / Personal (Vacation Sick Personal→ Enable Q47c – Q47h)

In the traditional model, an employer offers separate banks of time for vacation, sick, and personal days, and employees may accrue hours at a different rate for each bank. A paid time off (PTO) model, on the other hand, combines vacation, sick time and personal time into a single bank of paid time for employee use for any purpose. If an employer with separate banks of time allotted 10 vacation days, 5 sick days, and 3 personal days per year and that organization moved to a PTO model, their PTO plan would either provide 18 days of available time (for any purpose) at the beginning of the year, or would allow employees to accrue the 18 days over the course of the year.

47a: Do you offer an unlimited number of PTO days after one year of employment?

- ☐ Yes
- ☐ No (If no, enable Q47b)

47b: What is the number of PTO days available after one year of employment? (Do not include company holidays.)

_____ Days

47c: Do you offer unlimited number of vacation days after one year of employment?

- ☐ Yes
- ☐ No (if no, enable Q47d)

47d: What is the number of vacation days available after one year of employment?

_____ Days

47e: Do you offer unlimited number of sick days after one year of employment?

- ☐ Yes
- ☐ No (if no, enable Q47f)

47f: What is the number of sick days available after one year of employment?
_____ Sick Days

47g: Can an employee use sick days to care for an ill dependent?
☐ Yes
☐ No

47h: What is the number of personal days available after one year of employment?
_____ Personal Days

48: Can employees trade accrued days for pay once the maximum accrual has been reached?
☐ Yes
☐ No

Some companies allow employees to "cash-in" all or some of their unused paid time off either at the end of the year or when they are close to or at their maximum accrual. The employee receives a lump-sum payment in exchange for the day/hours cashed in.

49: Can employees "donate" accrued PTO/sick days to any fellow employees in need?
☐ Yes
☐ No

Eligible employees may voluntarily donate, and/or receive donations, of accrued paid time off for critical personal situations and family medical emergencies.

Work/Life Balance and Wellness Initiatives:

50: Does your organization allow employees additional paid time off for community service activities/volunteer work?

- ☐ Yes
☐ No

Select 'yes' only if you offer this in addition to employee's regular vacation, personal, or paid time off (PTO) days. Time off may be for an employee's chosen activity, or may be for an employer-sponsored organization or event.

51: Does your organization sponsor or actively support any community service initiatives?

- ☐ Yes
☐ No

Examples include support of nonprofit organizations such as Boy/Girl Scouts, Big Brothers/Big Sisters, United Way, Habitat for Humanity and local initiatives such as food banks, anti-littering programs, literacy programs, local shelters or kitchens, disaster relief programs, etc.

If yes, please briefly describe the top three community service initiatives your organization sponsors or actively supports through financial means or volunteer time.

One of Three: Top community service initiatives:

250

Two of Three: Top community service initiatives:

250

Three of Three: Top community service initiatives:

250

Work/Life Balance and Wellness Initiatives:

Please tell us about any of the following benefits and/or programs you may provide. The phrase "As a standard practice" implies that the program/benefit is widely accepted within your organization and not an exception to the normal routine.

52: As a standard practice, does your organization offer telecommuting options to your employees?

- ☐ Yes
- ☐ No

Telecommuting may also be known as telework, work-from-home or e-work. It refers to a work arrangement in which employees are given flexibility to work from a location other than the company's offices - most often from their home. Some employees may be full-time teleworkers; others may be extended this arrangement on a limited (e.g., 1-3 days per week) or as-needed basis (e.g., when staying home to care for a sick child, etc.). It is understood that telecommuting is not appropriate for all positions (e.g., receptionists, maintenance or manufacturing staff, etc.).

53: As a standard practice, does your organization offer job sharing options?

- ☐ Yes
- ☐ No

Job sharing is a work arrangement in which two employees share one position in an organization, each working part of the week.

Work/Life Balance and Wellness Initiatives:

54: As a standard year-round practice, does your organization offer employees the option to work flexible hours or a compressed work week?

- ☐ Yes
- ☐ No

A compressed work week is one in which an employee has the flexibility to work more hours per day in order to work fewer days per week (e.g., four 10-hour days per week instead of five 8-hour days per week). Please answer "Yes" only if a compressed work week option is available year-round, and not just during off-peak seasons.

55: What dress code applies to the majority of your employees?

- ☐ Business
- ☐ Business Casual
- ☐ Casual
- ☐ Uniforms

Business attire generally means suits with a matching jacket and ties for men, and dresses or pant/skirt sets for women. Business Casual refers to more relaxed attire such as trousers and collared shirts without a tie or jacket for men, and slacks/skirts with blouses or sweaters for women. A Casual dress policy may allow blue jeans, sweatpants and/or sweatshirts, shorts, t-shirts and thong-style sandals. Uniforms refer to company-issued or required standardized clothing such as scrubs for healthcare staff, jumpsuits or workpants/shirt sets for mechanics, required colors and/or styles of clothing for restaurant servers, etc.

Work/Life Balance and Wellness Initiatives Continued:

56: Does your organization provide any workplace facilities to promote exercise and fitness?

☐ Yes

☐ No

On-site fitness facilities may include a gym, workout room, exercise equipment, lockers, a shower, walking/jogging trail, bike racks, etc.

If yes, please briefly describe up to three facilities provided at your workplace which promote exercise and fitness.

One of Three: Facilities to promote exercise and fitness:

250

Two of Three: Facilities to promote exercise and fitness:

250

Three of Three: Facilities to promote exercise and fitness:

250

Work/Life Balance and Wellness Initiatives Continued:

57: Does your organization provide any fitness and/or wellness programs or practices within the workplace?

- ☐ Yes
☐ No

Examples may include on-site health fairs or fitness challenges, on-site health screenings and/or flu shots, Weight Watchers at Work (or similar) programs, chair massages, etc.

If yes, please briefly describe up to three successful fitness and/or wellness programs available to your employees in your workplace.

One of Three: Fitness and/or Wellness Programs:

250

Two of Three: Fitness and/or Wellness Programs:

250

Three of Three: Fitness and/or Wellness Programs:

250

58: Does your organization pay all or part of employees' costs for health club memberships or fitness or wellness programs?

- ☐ Yes
☐ No

58a: If yes, do you also pay all or a part of the cost for health club memberships or fitness or wellness programs to an employee's partner and/or other family members?

- ☐ Yes
☐ No

Examples of costs that may be fully or partially reimbursed include: health club/fitness club/gym memberships, registration and/or weekly fees for weight loss programs, costs associated with smoking cessation programs, registration fees for stress management seminars, etc.

Work/Life Balance and Wellness Initiatives Continued:

59: Does your organization provide cafeteria or meal subsidies, free daily snacks or beverages?

☐ Yes

☐ No

Examples include free or reduced-cost cafeterias, free meals (regularly or during peak seasons), free beverages (coffee, tea, bottled or filtered water, soft drinks, juices), free snacks (fruit, pretzels, chips, bagels, doughnuts, etc.)

60: Does your organization promote any sustainable or "green" practices?

☐ Yes

☐ No

Examples include recycling aluminum cans, paper products and ink/toner cartridges; shifting to more paperless work processes; purchasing products made from recycled materials; turning off lights, using renewable energy (e.g., solar or wind power); constructing new facilities using sustainable building practices, etc.

If yes, please briefly describe up to three sustainable or "green" practices your organization promotes within your workplace to encourage conservation of the environment and its natural resources.

One of Three: Sustainable or Green Practices:

250

Two of Three: Sustainable or Green Practices:

250

Three of Three: Sustainable or Green Practices:

250

Training & Career Development:

61: How often does your organization conduct Employee Performance Reviews for all staff?

- ☐ As needed
- ☐ Once per year
- ☐ Twice per year
- ☐ More than twice a year
- ☐ Our organization does not conduct Employee Performance Reviews for all staff.

This question refers to employee performance evaluations. Do not include employee engagement or satisfaction surveys.

62: Does your organization conduct 360-degree Performance Reviews?

- ☐ Yes, all staff
- ☐ Yes, only supervisors and above
- ☐ Our organization does not conduct 360-degree Performance Reviews.

360 degree feedback is an evaluation technique that provides each employee the opportunity to receive performance feedback from his or her supervisor and four to eight peers, direct reports, coworkers and customers. Most also include a self-assessment.

63: Is an employee's compensation tied to performance?

- ☐ Yes
- ☐ No

Performance-based compensation is a system in which an employee receives an increase to their base pay ("merit pay"), or a bonus, for highly-ranked performance above and beyond the standard job requirement as defined by a performance appraisal.

64: What is the average number of hours a new employee spends in orientation? (Do not include departmental orientation or probation.)

_____ Average Whole Number

If orientation differs by type of position (e.g., clinical vs. non-clinical, professional vs. non-professional), please provide the AVERAGE number of hours across all positions.

Training & Career Development Continued:

65: What is the average number of annual training and development hours received per employee?

_____ Average Whole Number

This question refers to formal training programs, leadership development courses, departmental or organization-wide in-services, continuing education, etc. If this number varies depending on type of role (e.g., clinical vs. non-clinical; professional vs. administrative), please average across all employee groups. If you do not track this information, please leave blank.

66: Does your organization offer formal diversity training?

- ☐ Yes
☐ No

Formal diversity training refers to seminars, exercises or workshops directed at increasing awareness, tolerance, appreciation, inclusion and respect of diverse individuals within a larger population. Diversity may include, but is not limited to, age, race, gender, culture, religion, ethnicity, sexual orientation, gender expression, disability, nationality, language and socio-economic status.

66a: If yes, please describe:

2500

Training & Career Development Continued:

67: What form(s) of tuition reimbursement/assistance does your organization offer? (Select all that apply.)

- ☐ Advanced or post-graduate degree
- ☐ Certifications
- ☐ Business education workshops and/or conferences
- ☐ Other, please describe _____
- ☐ Our organization does not offer tuition reimbursement/assistance.

Refers to reimbursement of tuition for college-level or above classes. May be limited to classes taken toward a degree, or may include any job-related class or seminar. The level of reimbursement may depend on the employee's final grade, or may be capped at a certain number of credits, or a certain dollar amount, per year.

68: Does your organization offer formal employee career development/job advancement programs or practices?

- ☐ Yes
- ☐ No

Refers to programs or practices designed to help employees to grow within their current positions or to transfer or advance to a different position within the organization.

If yes, please briefly describe any three formal employee career development/job advancement programs/practices.

One of Three: Programs/practices:

250

Two of Three: Programs/practices:

250

Three of Three: Programs/practices:

250

Training & Career Development Continued:

69: Does your organization have any formalized programs/practices for succession planning?

- ☐ Yes
- ☐ No

Succession planning refers to a deliberate process used to ensure that staff are developed who are able to replace senior management as they retire or leave the organization.

70: Does your organization offer any programs and/or practices focused on employee leadership training/development? Select all that apply.

- ☐ Mentoring
- ☐ Job shadowing/cross training
- ☐ Attendance at leadership workshops or other formal leadership education
- ☐ Support of leadership roles within volunteer organizations outside of your organization
- ☐ Our organization does not offer any programs or practices focused on employee training and development
- ☐ Other

Refers to programs or practices specifically designed to help employees become leaders or improve their leadership skills within the organization.

Other, please describe:

Corporate Culture & Communications:

71: Does your organization offer any unique internal communications tools and/or practices?

- ☐ Yes
- ☐ No

Examples include an employer Intranet, quarterly "town hall" meetings with upper management, front-line worker meetings without middle managers present, regular employee satisfaction surveys, etc.

If yes, please briefly describe any three unique tools and/or practices your organization utilizes to communicate with and encourage two-way dialogue between your upper management and employees.

One of Three: Unique communication tools and/or practices:

250

Two of Three: Unique communication tools and/or practices:

250

Three of Three: Unique communication tools and/or practices:

250

72: How often does your CEO/President host regularly-scheduled employee meetings?

- ☐ At least monthly
- ☐ Quarterly
- ☐ Bi-Annually
- ☐ Annually
- ☐ Less often than once a year
- ☐ Our CEO/President does not host regularly-scheduled employee meetings.

Corporate Culture & Communications Continued:

73: How often does your organization regularly conduct a formal survey of its employee population? Please consider only workplace satisfaction or employee opinion surveys, either administered internally or as part of a competition.

- ☐ More than twice a year
- ☐ Twice a year
- ☐ Once a year
- ☐ Every other year
- ☐ Less often than every other year
- ☐ As needed
- ☐ Our organization does not regularly conduct a formal employee survey.

74: Does your organization offer formal employee recognition/appreciation programs?

- ☐ Yes
- ☐ No

Refers to practices or programs designed to recognize extraordinary employee performance, show appreciation for employee service or loyalty, etc. Examples include: Years of Service Awards, Employee of the Month Awards, Employee Appreciation dinners or picnics, etc.

If yes, please briefly describe up to three employee recognition/appreciation programs.

One of Three: Recognition/Appreciation Programs:

250

Two of Three: Recognition/Appreciation Programs:

250

Three of Three: Recognition/Appreciation Programs:

250

Corporate Culture & Communications Continued:

75: Please describe any family-friendly benefits or practices your organization provides to its employees. Select all that apply.

- ☐ Paternity leave (either paid or unpaid) for the birth or adoption of a child
- ☐ Adoption assistance, such as reimbursement of agency fees, travel fees, legal assistance, paid time off before or after adoption, etc.
- ☐ Lactation facilities for breastfeeding mothers
- ☐ All or part of an employees' full- or part-time childcare paid, either on a regular basis or only during busy seasons
- ☐ Flexible hours to accommodate school events, taking a family member to the doctor, etc.
- ☐ Back-up child or elder care if an employee's regular caregiver is suddenly not available
- ☐ After-school or summer programs for school-aged children of employees
- ☐ Employer-sponsored Eldercare Assistance for employees with aging family members, such as transportation to medical appointments or meal delivery; securing of proper care and/or assistance facilities; information about financial resources; or counseling support for caregiver stress.
- ☐ Immediate families invited to corporate events
- ☐ Free or discounted tickets to local family entertainment or sporting events
- ☐ Our organization does not offer any family-friendly benefits or practices.
- ☐ Other

Other, please describe:

Family-friendly practices or benefits are those which help employees balance work with the demands of caring for family members.

Corporate Culture & Communications Continued:

76: Please describe any programs or practices your organization provides to promote a healthy work/life balance. Select all that apply.

- ☐ No overtime, or overtime kept at a minimum
- ☐ Meetings and staff-only events limited to during work hours only
- ☐ Monetary incentives or extra paid time off when overnight travel is required
- ☐ An employer-sponsored Employee Assistance Program (EAP) which may provide counseling for marital, parental or financial problems, and/or assistance for specific conditions such as substance abuse, smoking and gambling
- ☐ Productivity or time management workshops, seminars or classes
- ☐ On-site personal development and/or stress management workshops, seminars, or classes
- ☐ Paid sabbaticals
- ☐ Financial Education workshops, seminars or classes
- ☐ Our organization does not offer any work/life balance programs nor practices.
- ☐ Other

Other, please describe:

Work/life balance refers to the ability to balance the demands of, and satisfactions of, one's personal and work life.

77: Does your organization initiate any activities to relieve stress and promote fun?

- ☐ Yes
- ☐ No

Examples include office chair races, silly contests, game tables, costumes at Halloween, allowing pets at work, announcing surprise Fridays off, etc.

Corporate Culture & Communications Continued:

If yes, please briefly describe up to three activities your organization initiates to relieve workday stress and promote fun.

One of Three: Activities to relieve stress and promote fun:

250

Two of Three: Activities to relieve stress and promote fun:

Three of Three: Activities to relieve stress and promote fun:

250

78: Please list any other awards your organization has been given for best practices in the workplace including the name of the award, by whom it was presented, rank (if applicable) and the year awarded.

750

Examples may include #15 "Working Mother Best 100 Companies in 2008" by Working Mother magazine, #98 "Top 100 Companies to Work for in 2002" by Fortune magazine, etc.

Media Information Request:

Should your company be named to the list, we would like to provide the following information to our publication partners for use in their special publication or awards event. This information will not be distributed or shared if your company does not make the list. Submitting your organization's logo and photos implies that you are granting permission to publish this information. We would like to request 4 images. (1 company logo, 3 company pictures.)

Please note - if you log out and then re-enter the EQ your photos and logos will not be visible as they are stored in a database. If you have uploaded your images, there is no need to re-upload them. Any duplicate photos will be removed.

First, your company logo:

Upload a color logo using the following specifications:

- 1: The file should be a vector EPS file, a High-resolution JPG, TIFF, AI, or PNG.
- 2: Images MUST be smaller than 3MB. You will not be able to upload an image larger than this recommended size. If you receive an error message, please save the image to a smaller size and then try to resubmit.
- 3: PDF, GIF, or BMP files will not work.
- 4: Do not use a scan off a piece of letterhead.
- 5: If you have any questions regarding your image, please email: support@bestcompaniesgroup.com.

Remember: Image must be less than 3MB. Select Browse button first, then select Upload File

Please upload your logo:

Media Information Request Continued:

We are requesting three photos that demonstrate why your company is a great place to work such as company outings, community service, and employee events.

Please note - if you log out and then re-enter the EQ your photos and logos will not be visible as they are stored in a database. If you have uploaded your images, there is no need to re-upload them. Any duplicate photos will be removed.

Please upload your photos using the following specifications:

- 1: ALL images should be high-resolution. Usable photos are at least: 300+ dpi; 800x600 pixels; 100+ KB (kilobytes) in size.
- 2: Images MUST be smaller than 3MB. You will not be able to upload an image larger than this recommended size. If you receive an error message, please save the image to a smaller size and then try to resubmit.
- 3: JPEG or JPG files are preferred. TIFF files are acceptable. BMP files are not usable.
- 4: Cell phone images are typically not of good enough quality to be used.
- 5: Please do not copy & paste images from your website - they will be too small and too low-resolution to use on a big screen or in print. If you want a photo from your site, ask your marketing or web department for the original file.
- 6: Do not paste your photos into a Word document, PowerPoint slide, the body of an email, PDF, etc.
- 7: Please do not send photo collages, slides from a presentation, or scan an image off a piece of letterhead, because they cannot be seen clearly.
- 8: Must be recent and NEW. (Please do not submit photos from a previous year.)
- 9: Please provide a short caption (less than 25 words) describing the photo in the space provided.

Remember: Image must be less than 3MB. Select Browse button first, then select Upload File

Company Photo 1:

Please upload the file:

Company Photo 1 Short Caption:

Company Photo 2:

Please upload the file:

Company Photo 2 Short Caption:

Company Photo 3:

Please upload the file:

Company Photo 3 Short Caption:

Additional Questions for “Best Places to Work in Atlantic Canada”:

1: Please list the cities/towns where you have offices in Atlantic Canada: _____

2: For the following Provinces, please list the number of employees in each Province:

Newfoundland & Labrador _____

New Brunswick _____

Nova Scotia _____

Prince Edward Island _____

You have reached the end of the questionnaire. Please select the current status of your questionnaire and then select the "Save and Continue" button to save your responses. If you are ready to submit your questionnaire, please select the first option followed by the "Save and Continue" button. Should you choose to re-access the survey and make changes, the most recent version of your saved questionnaire will be used during the analysis process.

Please indicate the current status of your company's Employer Questionnaire:

- ☐ The questionnaire is complete and ready to be submitted.
- ☐ The questionnaire needs minor changes or to be reviewed before submitting.
- ☐ The questionnaire is halfway complete.
- ☐ The questionnaire still needs a great deal of work.

How long (in hours) did it take to complete this questionnaire?
_____ Hours

Thank you for submitting your Employer Benefits & Policies Questionnaire!

This is formal confirmation that your Employer Questionnaire (EQ) has been successfully uploaded for our review. Please ensure that you select one of the options on the next page to print or email a copy of your questionnaire responses for your records. If you do not select any of these options, you may log back into the questionnaire using your username and password and select an option before submitting.

Each time you click "Submit," the previous submission is updated with any new information so Best Companies Group will only be able to view your most recent questionnaire responses. You may make as many changes as desired prior to the submission deadline.