

## Important instructions for filling out the Employer Questionnaire

Please fill out the questionnaire as completely as possible. Your answers will be used to rank your organization 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 the United States, unless otherwise noted.
2. All questions apply to current operations within your organization.
3. You will be able to access the Employer Questionnaire as often as necessary prior to the submission deadline. Even if you submitted the questionnaire, you will still be able to log back in and make any changes necessary until the deadline.
4. In order for your responses to save properly, only one person may access 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.
5. Once the submission deadline has passed, your most recent responses will be used during the ranking analysis process.
6. **This questionnaire must be submitted in order to be considered for the list.**

### Organization and Contact Information

**Organization name (as you would like it to appear on reports and in print if you make the list):**

Organization Name \_\_\_\_\_

**Please provide the information for the highest managing partner/CEO of your entire organization.**

First Name \_\_\_\_\_  
Last Name (Including any suffix, e.g. Jr. or Dr.) \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
ZIP \_\_\_\_\_  
Country \_\_\_\_\_  
Phone \_\_\_\_\_  
Phone Ext. \_\_\_\_\_  
Email \_\_\_\_\_

*Please provide the information for the highest managing partner/CEO in your organization. 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.). The email address will only be used to contact this individual to arrange a possible interview for publication purposes and will not be shared publicly.*

# Best Companies Group >>>

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

\_\_\_\_\_ Year(s)

Please provide the information for the highest ranking official/CEO in the United States.

Name (Including any suffix, e.g. Jr. or Dr.) \_\_\_\_\_  
Title \_\_\_\_\_  
City, State \_\_\_\_\_  
Email \_\_\_\_\_

*Please provide the information for the highest ranking individual in the United States. The email address will only be used to contact this individual to arrange a possible interview for publication purposes and will not be shared publicly.*

## PR Contact

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Phone Ext. \_\_\_\_\_  
Email \_\_\_\_\_

## HR Contact

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Phone Ext. \_\_\_\_\_  
Email \_\_\_\_\_

How many of your permanent full- and part-time employees in the United States are millennials?

\_\_\_\_\_ Total millennial employees in the United States

*Millennials are defined as employees with a birth year beginning in 1981 and ending in 1997. This number should include full- and part-time permanent millennials only.*

*Do not include temporary, seasonal or per-diem employees, nor consultants and independent contractors.*

How many of your permanent full- and part-time employees in the United States consider themselves to be Hispanic or Latino?

\_\_\_\_\_ Total Hispanic/Latino employees in the United States

*Hispanics and Latinos are defined as employees who trace their family's origins to any of the following countries: Argentina, Bolivia, Belize, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Trinidad and Tobago, Uruguay, Venezuela, and the Commonwealth of Puerto Rico.*

*Do not include temporary, seasonal or per-diem employees, nor consultants and independent contractors.*

**How many of your permanent full- and part-time employees in the United States consider themselves to be African-American or Black?**

\_\_\_\_\_ Total African-American/Black employees in the United States

*Do not include temporary, seasonal or per-diem employees, nor consultants and independent contractors.*

**How many of your permanent full- and part-time employees in the United States consider themselves to be Asian?**

\_\_\_\_\_ Total Asian employees in the United States

*Do not include temporary, seasonal or per-diem employees, nor consultants and independent contractors.*

**How many of your permanent full- and part-time employees in the United States consider themselves to be Pacific Islanders?**

\_\_\_\_\_ Total Pacific Islander employees in the United States

*Do not include temporary, seasonal or per-diem employees, nor consultants and independent contractors.*

**How many of your permanent full- and part-time employees in the United States consider themselves to be Native Americans?**

\_\_\_\_\_ Total Native American employees in the United States

*Do not include temporary, seasonal or per-diem employees, nor consultants and independent contractors.*

**How many of your permanent full- and part-time employees in the United States consider themselves to be White or Caucasian?**

\_\_\_\_\_ Total White or Caucasian employees in the United States

*Do not include temporary, seasonal or per-diem employees, nor consultants and independent contractors.*

**How many of your permanent full- and part-time employees in the United States consider themselves to be Bi-racial or Multi-racial?**

\_\_\_\_\_ Total Bi-racial or Multi-racial employees in the United States

*Do not include temporary, seasonal or per-diem employees, nor consultants and independent contractors.*

**How many permanent full- and part-time employees in the United States identify as female?**

\_\_\_\_\_ Total female employees in the United States

*Do not include temporary, seasonal or per-diem employees, nor consultants and independent contractors.*

## How many permanent full- and part-time employees in the United States identify as male?

\_\_\_\_\_ Total male employees in the United States

*Do not include temporary, seasonal or per-diem employees, nor consultants and independent contractors.*

## What percentage of your executive team is...

Male \_\_\_\_\_ %  
Female \_\_\_\_\_ %  
Non-Binary \_\_\_\_\_ %  
Don't Know \_\_\_\_\_ %

*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/female executives by the total number on the executive team and multiply by 100.*

## 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.*

## Hiring and Employment Practices

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

- Personality or behavioral assessments
- Criminal background checks
- Credit checks
- Drug testing
- Professional references
- Personal references
- Skills assessment
- Other, please describe: \_\_\_\_\_
- My organization does not require pre-employment screening.
- N/A

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

- Yes
- No
- N/A

*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.*

**If yes, please describe these programs and practices. (750 character limit)**

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**Does your organization employ any formal programs and/or practices to actively recruit and/or retain employees who may require accommodations for their mental or physical limitations?**

- Yes
- No
- N/A

*Examples may include formal partnerships with vocational placement and rehabilitation organizations, ensuring the workplace provides accommodations for physically disabled individuals, providing sensitivity training, counseling, etc.*

**If yes, please describe these programs and practices. (750 character limit)**

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**Does your organization employ any formal programs and/or practices to actively recruit and/or retain an aging workforce?**

- Yes
- No
- N/A

*Examples may include formal partnerships with local senior's organizations (e.g. SCORE), offering semi-retirement options to tenured employees, providing diversity training, etc.*

**If yes, please describe these programs and practices. (750 character limit)**

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**Does your organization employ any formal programs and/or practices to actively recruit and/or retain veterans and retired military?**

- Yes
- No
- N/A

*Examples may include formal partnerships with local Veterans Administration, American Legion, veterans support groups (e.g. Wounded Warrior), offering counseling services, diversity training, etc.*

**If yes, please describe these programs and practices. (750 character limit)**

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**What formal programs has your organization implemented to enable a culture of diversity? (Select all that apply)**

- Ongoing Diversity Training
- Frequent Seminars and Workshops
- Celebrations of Cultural Holidays
- Established a Diversity and Inclusion Task Force/Committee
- Other, please describe: \_\_\_\_\_
- None
- N/A

*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.*

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

- Yes
- No
- N/A

*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.*

## Pay and Benefits

**Does your organization offer the option to enroll in health benefits to:**

- Full-time employees only
- Full-time and part-time employees
- My organization does not offer employee health benefits.
- N/A

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

**When is a new employee eligible to enroll in your 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: \_\_\_\_\_
- N/A

For each of the following benefits, indicate what percentage of the premium (cost of the benefit) is paid for by your organization. "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 "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	Not Offered
<a href="#">Medical</a> (employee)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Medical</a> (dependents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Dental</a> (employee)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Dental</a> (dependents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Vision</a> (employee)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Vision</a> (dependents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Long-term care</a> insurance (employee)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Long-term care</a> insurance (dependents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Life insurance</a> (employee)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Life insurance</a> (dependents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Short-term</a> disability benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Long-term</a> disability benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your organization enable employees to choose among multiple plans for medical insurance?

- Yes
- No
- N/A

If yes, please describe the medical plans from which employees may choose. (750 character limit)

\_\_\_\_\_

Does your organization offer a Flexible Spending Account (FSA)?

- Yes
- No
- N/A

*A Flexible Spending Account (FSA) is a tax-advantaged savings account set up by an employer to allow employees tax-free savings for qualified medical or dependent care expenses.*

If necessary, please use this space to briefly describe any other unique aspects of your organization's healthcare benefits. (750 character limit): \_\_\_\_\_

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 (including floating holidays). If holidays are included in a PTO (paid time off) bank, enter the number the employer allotted in defining the total PTO bank accrual.*

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

- PTO
- Vacation/Sick/ Personal
- N/A

*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.*

**If PTO:**

Does your organization offer an unlimited number of PTO days after one year of employment?

- Yes
- No
- N/A

**If No:**

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

\_\_\_\_\_ PTO Days

**If Vacation/Sick/Personal:**

Does your organization offer an unlimited number of vacation days after one year of employment?

- Yes
- No
- N/A

**If No:**

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

\_\_\_\_\_ Vacation Days



**If Vacation/Sick/Personal:**

**Does your organization offer an unlimited number of sick days after one year of employment?**

- Yes
- No
- N/A

**If No:**

**What is the number of sick days available after one year of employment?**

\_\_\_\_\_ Sick Days

**If Vacation/Sick/Personal:**

**Can an employee use sick days to care for an ill dependent?**

- Yes
- No
- N/A

**If Vacation/Sick/Personal:**

**Does your organization offer an unlimited number of personal days after one year of employment?**

- Yes
- No
- N/A

**If No:**

**What is the number of personal days available after one year of employment?**

\_\_\_\_\_ Personal Days

**Can employees trade accrued time off for pay?**

- Yes
- No
- N/A

*Some organizations allow employees to "cash-in" all or some of their unused paid time off at the end of the year. The employee receives a lump-sum payment in exchange for the day/hours cashed in.*

**Can employees "donate" accrued PTO or vacation/sick/personal days to any fellow employees in need?**

- Yes
- No
- N/A

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

## Does your organization offer any employee bonus or incentive programs?

- Yes
- No
- N/A

*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.*

## Does your organization offer bonuses to employees who refer new hires?

- Yes
- No
- N/A

*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.*

## 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
- Profit-sharing plan
- Employee Stock Ownership Plan (ESOP)
- Other, please list: \_\_\_\_\_
- My organization does not offer a retirement plan
- N/A

### If retirement plan offered:

If necessary, please use this space to briefly describe any unique aspects of your organization's retirement plan (750 character limit): \_\_\_\_\_

### When is an employee eligible to begin contributing to their retirement 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: \_\_\_\_\_
- N/A

### Does your organization match employee contributions to an employee's retirement plan?

- Yes
- No
- N/A

*A match is when an employer matches all or part of an employee's contribution to their retirement plan. Please answer yes only if your organization contributes according to an established policy and independent of employer profits (e.g., not only when profits reach or exceed a certain level).*

## Work-Life Balance and Wellness Initiatives

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

- Yes
- No
- N/A

*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.*

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

- Yes
- No
- N/A

*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.*

*Please tell us about any of the following benefits and/or programs your organization provides. 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.*

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

- Yes
- No
- N/A

*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 organization'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.).*

**Prior to start of the COVID-19 pandemic (March 2020), what percentage of your permanent full-time and part-time employees were telecommuting?**

\_\_\_\_\_ %

After the COVID-19 pandemic began (March 2020), what percentage of your permanent full-time and part-time employees were telecommuting?

\_\_\_\_\_ %

What percentage of your current permanent full-time and part-time employees are still telecommuting?

\_\_\_\_\_ %

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

- Yes
- No
- N/A

*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.*

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

- Yes
- No
- N/A

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

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

- Yes
- No
- N/A

*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.*

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

- Yes
- No
- N/A

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

- Yes
- No
- N/A

*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.)*

## Does your organization promote any sustainable or "green" practices?

- Yes
- No
- N/A

*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.*

## Training and Career Development

### 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
- My organization does not conduct Employee Performance Reviews for all staff.
- N/A

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

### Does your organization conduct 360-degree Performance Reviews?

- Yes, all staff
- Yes, only supervisors and above
- My organization does not conduct 360-degree Performance Reviews.
- N/A

*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.*

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

- Advanced or post-graduate degree
- Certifications
- Business education workshops and/or conferences
- Other, please describe: \_\_\_\_\_
- My organization does not offer tuition reimbursement and/or assistance.
- N/A

*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.*

**Does your organization offer formal employee career development and/or job advancement programs or practices?**

- Yes
- No
- N/A

*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.*

**Does your organization have any formalized programs and/or practices for succession planning?**

- Yes
- No
- N/A

*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.*

**Does your organization offer any programs and/or practices focused on employee leadership training and/or 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
- Other, please describe: \_\_\_\_\_
- My organization does not offer any programs or practices focused on employee training and development.
- N/A

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

## Corporate Culture and Communications

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

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

**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
- My organization does not regularly conduct a formal employee survey.
- N/A

## Does your organization offer formal employee recognition and/or appreciation programs?

- Yes
- No
- N/A

*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:

**Describe up to three employee recognition and/or appreciation programs. (250 character limit per description)**

One

Two

Three

## Please select any family-friendly benefits or practices your organization provides to its employees. (Select all that apply.)

- Fully or partially paid parental leave 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 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
- Other, please describe: \_\_\_\_\_
- My organization does not offer any family-friendly benefits or practices.
- N/A

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

Please select 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
- Concierge service (employer coordinates or offers services such as dry cleaning, meal catering, childcare arrangements or automobile services)
- Other, please describe: \_\_\_\_\_
- My organization does not offer any work/life balance programs nor practices.
- N/A

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

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

- Yes
- No
- N/A

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

**If Yes:**

**Describe up to three activities your organization initiates to relieve workday stress and promote fun. (250 character limit per description)**

One \_\_\_\_\_

Two \_\_\_\_\_

Three \_\_\_\_\_

**Does your company provide any special services and/or accommodations for active duty military families?**

- Yes
- No
- N/A

**If Yes:**

**Please describe the special services and/or accommodations you provide for active duty military families. (750 character limit)**

\_\_\_\_\_



List any recent 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 character limit): \_\_\_\_\_

*Examples may include #15 "Working Mother Best 100 Companies in 2018" by Working Mother magazine, #98 "Top 100 Companies to Work for in 2019" by Fortune magazine, etc.*

## Vendor Information Request

Should you make 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.).*

### Vendors 1 - 4:

Organization Name \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
ZIP \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email Address \_\_\_\_\_

## Media Information Request

*As part of the recognition process you will need to provide the publication partner with information that sets you apart from the competition. Failure to provide information could result in limited recognition for your organization, should your organization be named to the list.*

Please provide a brief overview of the types of clients your firm works with (niche, typical assets, etc.), the services offered, and your core value propositions to clients. (2250 character limit):

\_\_\_\_\_  
\_\_\_\_\_

If we were to ask your employees, "What three things does your employer do for you that you love?" what would they say? (250 character limit per description)

*Examples are: chair massages, holiday party, 4-day work week, etc. Be specific; don't just reply, "We are like a family."*

One \_\_\_\_\_  
Two \_\_\_\_\_  
Three \_\_\_\_\_

# Best Companies Group >>>

Other than the three items listed in above, are there any other unique or creative employee benefits or programs offered by your organization? (250 character limit per description)

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.

One \_\_\_\_\_  
Two \_\_\_\_\_  
Three \_\_\_\_\_

If given the opportunity to write your organization's winner profile for the "best" publication and/or event, should your organization be named to the list, what would it say? (750 character limit):

\_\_\_\_\_

Please provide your organization's Twitter Handle and Website Address in the space below.

Twitter Handle: @ \_\_\_\_\_

Website Address: www.example.com

## Questions added for the Best Places to Work for Financial Advisers

The following questions were developed by *InvestmentNews*. Responses to these questions will not be used in the analysis to determine the Best Places to Work for Financial Advisers.

Please choose the registration or affiliation for your firm. (Choose one)

- RIA – Registered Investment Adviser (RIA) (Select only if your advisory practice is registered as an investment adviser with the SEC or state.)
- BD – Broker-Dealer Affiliated (affiliated with a full-service BD/wirehouse, independent BD insurance BD, or you own your own BD)
- Hybrid – Doing business through an RIA, as well as through a Broker-Dealer
- Other (please specify)

If Hybrid:

Please select the option that best indicates how your firm operates as a registered investment adviser: (Choose one)

- All advisory business is conducted under broker-dealer's RIA (as an IAR of a corporate RIA)
- Use broker-dealer's corporate RIA for most or all of advisory business, including any fees charged for financial planning, hourly, or other advice fees
- Use broker-dealer's corporate RIA for most or all of advisory business, but use own RIA to charge financial planning, hourly, or other advice fees
- Use own RIA to conduct all advisory business
- Do not conduct any advisory business

## What is the ownership of your organization? (Choose one)

- Owner operated business: The owners of the firm are practicing advisers
- Institutional ownership: The firm is majority-owned by an institutional investor (e.g., a bank, CPA firm, or insurance company)
- Network firm: The firm is owned by a network organization (e.g., Focus Financial, High Tower, United Capital)
- Other (*please specify*)

## Who do you use as your primary custodian (generally, more than 60% of assets) of client accounts? (Choose one)

- |   |  |
|---|--|
| <input type="checkbox"/> Schwab Advisor Services                  | <input type="checkbox"/> National Financial Services               |
| <input type="checkbox"/> Fidelity (Institutional Wealth Services) | <input type="checkbox"/> Raymond James Investment Advisor Division |
| <input type="checkbox"/> TD Ameritrade Institutional              | <input type="checkbox"/> RBC                                       |
| <input type="checkbox"/> Pershing Advisor Solutions               | <input type="checkbox"/> Scottrade Advisor Services                |
| <input type="checkbox"/> LPL Financial                            | <input type="checkbox"/> SEI                                       |
| <input type="checkbox"/> Bank of America Merrill Lynch            | <input type="checkbox"/> Shareholder Services Group                |
| <input type="checkbox"/> First Clearing                           | <input type="checkbox"/> Trust Company of America                  |
| <input type="checkbox"/> Genworth Financial Trust Co.             | <input type="checkbox"/> Wells Fargo Advisors                      |
| <input type="checkbox"/> National Advisors Trust Company          | <input type="checkbox"/> Other ( <i>please specify</i> )           |
|   | <input type="checkbox"/> None                                      |

## What other custodians do you use? (Select all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Schwab Advisor Services                  | <input type="checkbox"/> National Financial Services               |
| <input type="checkbox"/> Fidelity (Institutional Wealth Services) | <input type="checkbox"/> Raymond James Investment Advisor Division |
| <input type="checkbox"/> TD Ameritrade Institutional              | <input type="checkbox"/> RBC                                       |
| <input type="checkbox"/> Pershing Advisor Solutions               | <input type="checkbox"/> Scottrade Advisor Services                |
| <input type="checkbox"/> LPL Financial                            | <input type="checkbox"/> SEI                                       |
| <input type="checkbox"/> Bank of America Merrill Lynch            | <input type="checkbox"/> Shareholder Services Group                |
| <input type="checkbox"/> First Clearing                           | <input type="checkbox"/> Trust Company of America                  |
| <input type="checkbox"/> Genworth Financial Trust Co.             | <input type="checkbox"/> Wells Fargo Advisors                      |
| <input type="checkbox"/> National Advisors Trust Company          | <input type="checkbox"/> Other ( <i>please specify</i> )           |
|   | <input type="checkbox"/> None                                      |

## Who is your Broker-Dealer? (Choose one)

- |   |  |
|---|--|
| <input type="checkbox"/> American Portfolios Financial Services Inc.      | <input type="checkbox"/> Lincoln Financial Network                 |
| <input type="checkbox"/> Ameriprise Financial Services Inc.               | <input type="checkbox"/> LPL Financial                             |
| <input type="checkbox"/> Ameritas Investment Corp.                        | <input type="checkbox"/> M Holdings Securities Inc. (M Securities) |
| <input type="checkbox"/> Ausdal Financial Partners                        | <input type="checkbox"/> MetLife Securities Inc.                   |
| <input type="checkbox"/> AXA Advisors LLC                                 | <input type="checkbox"/> MML Investors Services LLC                |
| <input type="checkbox"/> Berthel Fisher & Company Financial Services Inc. | <input type="checkbox"/> National Planning Corp.                   |

## Best Companies Group >>>

- Broker Dealer Financial Services Corp.
- Cadaret Grant & Co. Inc.
- Cambridge Investment Research Inc.
- Capital Financial Group Inc./H. Beck Inc.
- Capital Investment Co.
- Centaurus Financial Inc.
- Cetera Advisors
- Cetera Advisor Networks
- Cetera Financial Group
- Cetera Financial Institutions
- Cetera Financial Specialists
- CFD Investments Inc.
- Commonwealth Financial Network
- Coordinated Capital Securities Inc.
- Crown Capital Securities LP
- CUNA Brokerage Services Inc.
- Equity Services Inc.
- Financial Telesis Inc.
- First Allied Securities Inc.
- First Midwest Securities Inc.
- FirstSouthwest
- Fortune Financial Services Inc.
- FSC Securities Corp.
- GBS Financial Corp.
- Geneos Wealth Management Inc.
- H.D. Vest Financial Services
- Harbour Investments Inc.
- Hornor Townsend & Kent Inc.
- Independent Financial Group LLC
- ING Financial Partners Inc.
- Invest Financial Corp.
- Investacorp Inc.
- Investment Centers of America Inc.
- Investors Capital Corp.
- John Hancock Financial Network
- J.P. Turner & Co.
- J.W. Cole Financial Inc.
- Kestra Financial
- Kovack Securities Inc.
- LaSalle St. Securities LLC
- National Securities Corp.
- New England Securities Inc.
- Next Financial Group Inc.
- Northwestern Mutual Investment Services LLC
- Park Avenue Securities LLC
- PlanMember Securities Corp.
- Princor Financial Services Corp.
- ProEquities Inc.
- Prospera Financial Services Inc.
- Questar Capital Corp.
- Raymond James Financial Services Inc.
- Royal Alliance Associates Inc.
- SagePoint Financial Inc.
- Sammons Securities Co. LLC
- Securian Financial Services Inc.
- Securities America Inc.
- Securities Service Network Inc.
- Signator Investors Inc./John Hancock Financial Network
- SII Investments Inc.
- Sterne Agee Financial Services Inc.
- Summit Brokerage Services, Inc.
- SWS Financial Services
- The Investment Center Inc.
- The O.N. Equity Sales Co.
- Tower Square Securities Inc.
- Transamerica Financial Advisors Inc.
- Triad Advisors Inc.
- United Planners Financial Services
- vFinance Investments Inc.
- VSR Financial Services Inc.
- Waddell & Reed Inc.
- Walnut Street Securities Inc.
- Wells Fargo Advisors Financial Network
- Williams Financial Group
- Woodbury Financial Services
- WRP Investments Inc.
- Own our own broker-dealer
- Other (*please specify*)

**What best describes your firm? (Choose one)**

- Financial planning firm - Our primary focus is applying the financial planning process.
- Investment advisory firm - Our primary focus is the development of investment strategy and selection of investment managers.
- Investment management firm - Our primary focus is the discretionary investment management of client assets.
- Wealth management firm - Our primary focus is serving as a holistic adviser to clients, offering integrated tax, estate and personal financial planning in addition to the investment advisory services.
- Other (please specify)

**How many individuals or entities hold shares of equity in the firm?** \_\_\_\_\_

**Please indicate your firm's legal status entity type: (Choose one)**

- Partnership
- Limited Liability Company
- S Corporation
- Sole Proprietorship
- Other (please specify)

**How many full-time professionals do you employ within your organization?**

\_\_\_\_\_ Full-time Professionals

*Professionals include only positions primarily and directly responsible for client relationship management, advice delivery, or developing new business. In many firms, there are a number of professional positions filled by both owner and non-owner employees. These positions range from very experienced advisors with responsibilities for both client management and business development to less experienced advisors with client advice responsibilities. The industry uses many labels for the advisory positions, depending on the nature of the firm and service. Titles used may include financial planner, investment advisor, financial advisor, portfolio manager, relationship manager or wealth manager.*

**AUM (Assets Under Management) as of December 31, 2022 \$** \_\_\_\_\_

**Revenue (for full-year 2022 \$** \_\_\_\_\_

**Number of Active Households, including any institutional or retirement plan clients as of December 31, 2022:** \_\_\_\_\_

**Provide a contact email for *Investment News* to reach out to for fact-checking purposes and for top winners to arrange interviews for thumbnail profiles. (Please make sure to inform the contact so they are aware.)**

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

## Logo and Photo Request

The following information may be used by our publication partners in their special publication and/or awards event. 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 logo, 3 photos.)

Upload a color company logo using the following specifications:

- The file should be a vector EPS file, a high-resolution JPG, TIFF, AI, or PNG.
- You will *not* be able to upload images larger than 5MB. If your image is larger than 5MB, please resize it smaller and resubmit.
- PDF, GIF, or BMP files will not be accepted.
- Do not use a scan off a piece of letterhead.
- If you have any questions regarding your image, please email: [support@bestcompaniesgroup.com](mailto:support@bestcompaniesgroup.com).

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

Please upload your photos using the following specifications:

- *All* images should be high-resolution. Usable photos are at least: 300+ dpi; 800x600 pixels; 300KB (kilobytes) in size but less than 5MB.
- You will *not* be able to upload images larger than 5MB. If your image is larger than 5MB, please resize it smaller and resubmit.
- JPEG or JPG files are preferred. TIFF files are acceptable. BMP files will not be accepted.
- Cell phone images are typically not of good enough quality to be used.
- Please do not copy and 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.
- Do not paste your photos into a Word document, PowerPoint slide, the body of an email, PDF, etc. These documents will not be accepted in the upload.
- 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.
- Please provide pictures from the last 12 months.
- Please provide a short caption (less than 25 words) describing the photo in the space provided.

## Employee Survey Communication Request

Best Companies Group strongly recommends informing employees of your company's participation in the program and the survey process. Please upload the communications that you have sent - or plan to send - to employees about the employee survey process. Be sure to review the "Communicating to Employees" and "Response Rate" sections of your Program Instructions Packet for further details about this request. We have also provided a sample communication template in the packet.

**Please contact the designated Program Business Partner if you have any questions, need the Program Instructions Packet resent or have any trouble uploading your document or file.**

**View the rules below for communicating to employees.** Failure to follow these rules or failure to submit your employee communications could result in list disqualification.

- You cannot require employees to complete the survey, or ask if they have taken it.
- Do not ask employees to submit positive responses or suggest to them how they should answer.
- Do not make placing on the "Best" list the focus of your communications to employees.
- Do not use the current year's program logo in your communications.

Do not communicate the following (or anything similar) to employees:

- "Our ranking depends on the answers you provide, and we want our company to make the list."
- "If you feel you cannot provide positive feedback, we ask that you refrain from taking the survey."
- "Think of how proud we will all be if our company is named to the list of winners."

You may upload PDFs, Word or PowerPoint documents. If you have multiple files, please zip into one file.