# Best Companies Group »»

**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 program area, unless otherwise noted. *("Program Area" refers to the city, state or region for this "Best" workplace competition.)*

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

3. Please use the "Back" and "Next" buttons to navigate the questionnaire. Your responses will be stored each time you click "Back" or "Next". Using the browser's back and forward buttons will not save your responses.

4. For questions requiring a numeric response:

   o Please respond using whole numbers only, rounding to the nearest whole number if necessary. If a question does not apply to you or if the requested information is not available, please leave the question blank.

   o If a question relates to an 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 organization for at least one year?" and you offer 15 per year to professional staff and 20 to executives, you would enter 18, which is the rounded average of 15+20.)

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

6. 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.

7. Once the submission deadline has passed, your most recent responses will be used during the ranking analysis process. Incomplete questionnaires will not be considered.

8. 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.

9. At the end of the questionnaire, you will have an option to print out your responses and/or email a copy to yourself for your records. To print, you must navigate to the end of the questionnaire, click "Submit" and then click "Send to Printer" located just below the program logo.

10. If you need to review these instructions regarding the Employer Questionnaire, simply click the "Instructions" button on any page.

# Best Companies Group »»

**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 ranking official/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 _____
Name (*Including any suffix, e.g. Jr. or Dr.*) _____
Title _____
City, State _____
Email address _____

*Please provide the information for the highest ranking official/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.*

**How many years has the highest ranking official/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)

# Best Companies Group ≫

**Please provide the information for the highest ranking official/CEO in program area.**

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

*Please provide the information for the highest ranking individual in program area. 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 program area are millennials?**

_____  Total millennial employees in program area

*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 program area consider themselves to be Hispanic or Latino?**

_____  Total Hispanic/Latino employees in program area

*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.*

*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 program area consider themselves to be African-American or Black?**

_____ Total African-American/Black employees in program area

*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 program area consider themselves to be Asian?**

_____ Total Asian employees in program area

*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 program area consider themselves to be Pacific Islanders?**

_____ Total Pacific Islander employees in program area

*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 program area consider themselves to be Native Americans?**

_____ Total Native American employees in program area

*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 program area consider themselves to be White or Caucasian?**

_____ Total White or Caucasian employees in program area

*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 program area consider themselves to be Bi-racial or Multi-racial?**

_____ Total Bi-racial or Multi-racial employees in program area

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

**How many permanent full- and part-time employees in program area identify as female?**

_____ Total female employees in program area

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

# Best Companies Group »»»

**How many permanent full- and part-time employees in program area identify as male?**

_____ Total male employees in program area

_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._

**What was the 2021 average percentage of voluntary turnover within your organization's industry? If you do not know this figure, please click here for more information.**
_("Click here" will link to the Department of Labor's rates of annual turnover by industry on the actual EQ)_

_____ Percent

☐ Information Not Available

_To access the industry turnover chart use the "click here" function in the question._

**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.*

**(ASK IF "YES" - Organization employs formal programs/practices to actively recruit/retain employees of varying ethnic/cultural backgrounds)**
**Please describe these programs and practices. (750 character limit)**

_____

**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.*

**(ASK IF "YES" - Organization employs formal programs/practices to actively recruit/retain employees who require accommodations for mental/physical limitations)**
**Please describe these programs and practices. (750 character limit)**

_____

# Best Companies Group »»»

**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.*

> **(ASK IF "YES" – Organization employs formal programs/practices to actively recruit/retain an aging workforce)**
> Please describe these programs and practices. (750 character limit)

_____

**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.*

> **(ASK IF "YES" – Organization employs formal programs/practices to actively recruit/retain veterans and retired military)**
> **Please describe these programs and practices. (750 character limit)**

_____

**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

# Best Companies Group »»»

**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 |
|---|---|---|---|---|---|---|
| Medical (employee) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Medical (dependents) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Dental (employee) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Dental (dependents) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Vision (employee) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Vision (dependents) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Long-term care insurance (employee) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Long-term care insurance (dependents) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Life insurance (employee) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Life insurance (dependents) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Short-term disability benefits | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Long-term disability benefits | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

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

☐ Yes
☐ No
☐ N/A

**(ASK IF "YES" – Organization enables employees to choose multiple plans for medical insurance) 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.*

> **(ASK IF "PTO" – Organization provides PTO (one bank of time))**
> **Does your organization offer an unlimited number of PTO days after one year of employment?**
>
> ☐ Yes
> ☐ No
> ☐ N/A
>
> > **(ASK IF "NO"- Organization does not offer an unlimited number of PTO days)**
> > **What is the number of PTO days available after one year of employment? (Do not include organization holidays.)**
> >
> > _____ PTO Days
>
> **(ASK IF "VACATION/SICK/PERSONAL" – Organization provides time off as vacation/sick/personal days (separate banks))**
> **Does your organization offer an unlimited number of vacation days after one year of employment?**
>
> ☐ Yes
> ☐ No
> ☐ N/A
>
> > **(ASK IF "NO" – Organization does not offer an unlimited number of vacation days)**
> > **What is the number of vacation days available after one year of employment?**
> >
> > _____ Vacation Days

**(ASK IF "VACATION/SICK/PERSONAL" – Organization provides time off as vacation/sick/personal days (separate banks))**
**Does your organization offer an unlimited number of sick days after one year of employment?**

☐ Yes
☐ No
☐ N/A

**(ASK IF "NO" – Organization does not offer an unlimited number of sick days)**
**What is the number of sick days available after one year of employment?**

_____ Sick Days

**(ASK IF "VACATION/SICK/PERSONAL" – Organization provides time off as vacation/sick/personal days (separate banks))**
**Can an employee use sick days to care for an ill dependent?**

☐ Yes
☐ No
☐ N/A

**(ASK IF "VACATION/SICK/PERSONAL" – Organization provides time off as vacation/sick/personal days (separate banks))**
Does your organization offer an unlimited number of personal days after one year of employment?

☐ Yes
☐ No
☐ N/A

**(ASK IF "NO" – Organization does not offer an unlimited number of personal days after one year of employment)**
**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

> **(ASK IF Organization offers an employee retirement plan)**
> **If necessary, please use this space to briefly describe any unique aspects of your organization's retirement plan (750 character limit): _____**

**(ASK IF Organization offers an employee retirement plan)**
**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

**(ASK IF Organization offers an employee retirement plan)**
**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.*

# Best Companies Group »»»

*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.*

# Best Companies Group »»»

**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.*

# Best Companies Group »»»

**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

# Best Companies Group »»»

**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.*

**(ASK IF "YES" – Organization offers formal employee recognition/appreciation programs) 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.*

# Best Companies Group »»

**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.*

> **(ASK IF "YES" – Organization initiates activities to relieve stress/promote fun)**
> **Describe up to three activities your organization initiates to relieve workday stress and promote fun. (250 character limit per description)**
>
> One _____
> Two _____
> Three _____

# Best Companies Group »»»

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

☐ Yes
☐ No
☐ N/A

**(ASK IF "YES" – Company provides special services/accommodations for active duty military families)**
**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 _____

# Best Companies Group »»»

**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 your organization and what makes it a "best" place to work. (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

**Other than the three items listed in Question 50, 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_____

# Best Companies Group »»»

**Additional Questions added for the Best Places to Work in New Orleans Program**

The following questions were developed by *New Orleans City Business*. Responses to these questions will not be used in the analysis to determine the Best Places to Work in New Orleans.

**What is the average starting salary and median salary?** *This is the average starting salary for all employees. A set of ranges is fine. This is the annual salary. It does not include bonuses or commissions.*

_____

**What is the average time of employment?** *This is the average number of years an employee has been employed at the firm. It's not continuous.*
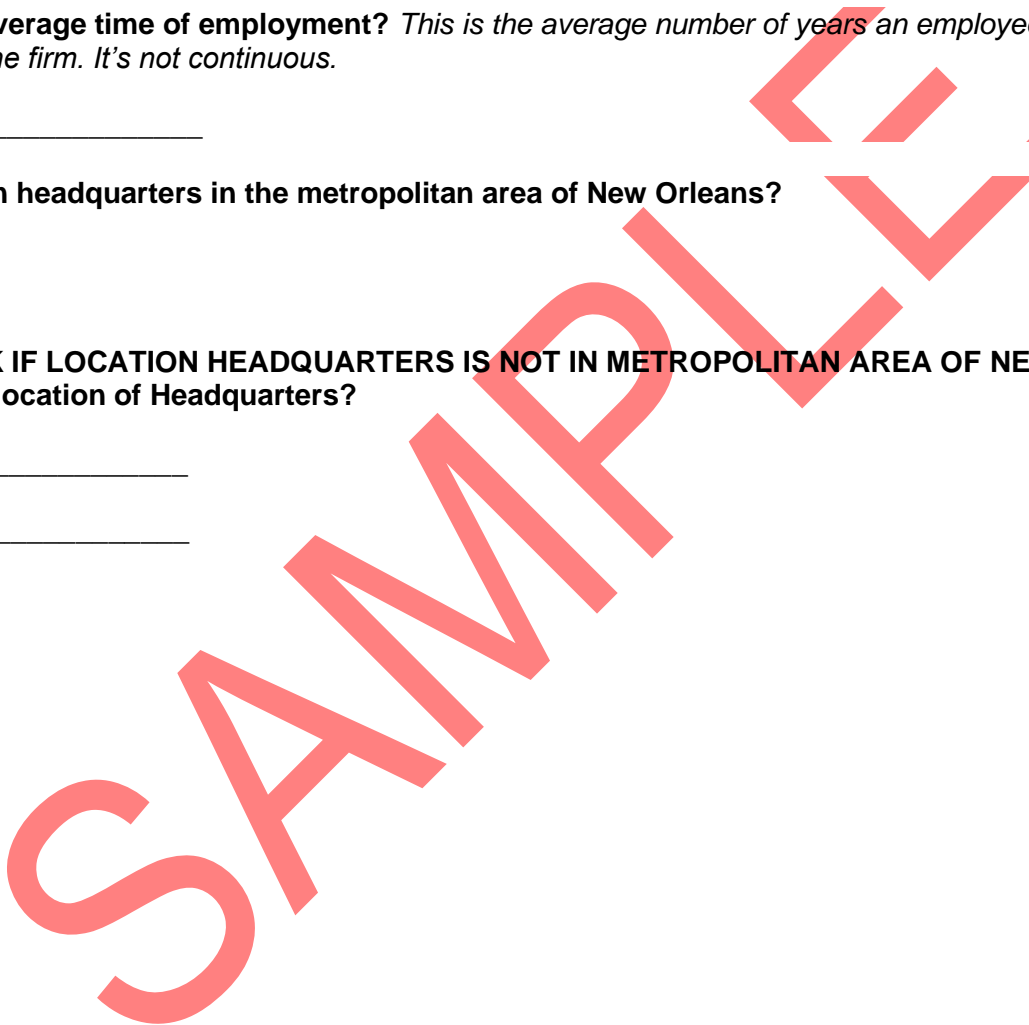
_____

**Is the location headquarters in the metropolitan area of New Orleans?**

☐ Yes
☐ No

**(IF "No"; ASK IF LOCATION HEADQUARTERS IS NOT IN METROPOLITAN AREA OF NEW ORLEANS) Where is the location of Headquarters?**

City: _____

State: _____

# Best Companies Group »»»

**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.

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.
- You cannot offer any incentives related to the survey, such as food, company pens, raffles, etc.
- 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.