

## EMPLOYER ASSESSMENT

### INSTRUCTIONS

The Employer Assessment is an opportunity for you to highlight your organization. We will ask for information about your practices, programs, employee benefits, policies, and population statistics. Please complete as much of the Employer Assessment as possible.

Your submission is worth 20% of your overall score and will be used to determine the final winner list. Should your organization rank among the best, your Employer Assessment will be provided to the authorized media partner, who may use all or a portion of it for publication and event purposes.

If a question is not applicable, or if the requested information is not available, please leave it blank. Unless otherwise specified, all questions apply to business operations in the “best” program area for the most recently completed fiscal year.

### EMPLOYER INFORMATION

President, CEO, Owner (senior-most leader) contact information:

Name (Including prefix or suffix, e.g., Dr., Ms., Mr., Jr., etc.)

Title:

City, Province, Postal Code:

Email address:

“Best” Program Area Leader (President, CEO, Owner, senior-most leader in the area where your organization is applying for the “best” award).

Name (Including prefix or suffix, e.g., Dr., Ms., Mr., Jr., etc.)

Title:

City, Province, Postal Code:

Email address:

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

In what year was your organization founded?

Should your organization be named to this year's list of award winners, what would you want the winning profile to say? Examples of topics to include are: why you are a great place to work, any unique benefits that you offer, why employees like working for your organization, strategies for maintaining high employee retention and engagement, etc. *(1000-character limit)*

Does your organization coordinate "Fun" activities? (Yes/No)

If yes, please list up to three activities. *(250-character limit per description)*

Does your organization have a structured system for recognizing achievements, attendance, or safety goals? (Yes/No)

If yes, list up to three examples. *(250-character limit per description)*

Does your organization formally recognize individual employee milestones? (e.g., birthday, work anniversary, birth/adoption of a child, etc.) (Yes/No)

If yes, describe how your organization formally recognizes individual employee milestones. *(1000-character limit)*

What is your annual percentage of voluntary turnover?

## RECRUITING AND EMPLOYMENT PRACTICES

Do you have a strategy to recruit and retain a diverse workforce (e.g., employees of differing gender, race, sexual orientation, disability, and age)? (Yes/No)

If yes, please describe your strategy. *(1000-character limit)*

Do you have a strategy to recruit and retain Generation Z (born 1997 or later) employees? (Yes/No)

If yes, please describe your strategy. *(1000-character limit)*

Does your organization utilize pre-employment screening or skills assessment tools? (Yes/No)

If yes, select all that apply:

- Credit history
- Criminal background checks
- Driving records
- Drug testing

Education verification  
Personality/behavioral tests  
Previous worker's compensation claims  
Professional reference checks  
Sex offender registry  
Skills assessment  
Social media  
Unstructured recorded interviews  
Work sample tests  
Other, please describe:

## DIVERSITY, EQUITY, AND INCLUSION

Does your organization have a formal grievance procedure in place for employees who feel they have been treated unfairly based upon their race, gender identity, or beliefs? (Yes/No)

If yes, briefly explain and provide examples. *(1000-character limit)*

Does your organization provide formal diversity and inclusion training? (Yes/No)

If yes, please list up to three examples. *(250-character limit per example)*

Does your organization have Employee Resource Groups (ERGs) for employees who fall into the "diversity" category? (Yes/No)

If yes, please list the ERGs and the employees they serve. Examples include: a mentorship program, an LGBTQ+ network, a veteran's support group, a women's network. *(250-character limit per example)*

## ORGANIZATIONAL BENEFITS

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

Please select which employer-paid statutory holidays your organization offers (dropdown menu with all federal holidays listed)

Do you offer paid time off (PTO) or vacation/sick/personal days? (Yes/No)

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

*If PTO is selected:*

Does your organization offer unlimited PTO? (Yes/No)

If yes, what is the average number of PTO days an employee takes in one year?

If yes, list any usage requirements (e.g., minimum number of days, approval processes, blackout days, maximum number of consecutive days).

If no, how many PTO days does an employee receive in their first year of employment?

If no, please describe how employee tenure impacts PTO accrual (e.g., employees receive an additional week for every 5 years of service, additional days are rewarded for each year of service, tenure does not impact accrual, etc.) (1000-character limit)

*If Vacation/Sick/Personal is selected:*

Does your organization offer unlimited vacation days? (Yes/No)

If yes, what is the average number of vacation days an employee takes in one year?

If yes, list any usage requirements (e.g., minimum number of days, approval processes, blackout days, maximum number of consecutive days).

If no, how many vacation days does an employee receive in their first year of employment?

If no, please describe how employee tenure impacts vacation accrual (e.g., employees receive an additional week for every 5 years of service, additional days are rewarded for each year of service, tenure does not impact accrual, etc.) (1000-character limit)

Does your organization offer unlimited sick days? (Yes/No)

If yes, what is the average number of sick days an employee takes in one year?

If yes, list any usage requirements (e.g., minimum number of days, approval processes, blackout days, maximum number of consecutive days).

If no, how many sick days does an employee receive in their first year of employment?

If no, please describe how employee tenure impacts sick day accrual (e.g., employees receive an additional week for every 5 years of service, additional days are rewarded for each year of service, tenure does not impact accrual, etc.) (1000-character limit)

Does your organization offer unlimited personal days? (Yes/No)

If yes, what is the average number of personal days an employee takes in one year?

If yes, list any usage requirements (e.g., minimum number of days, approval processes, blackout days, maximum number of consecutive days).

If no, how many personal days does an employee receive in their first year of employment?

If no, please describe how employee tenure impacts personal day accrual (e.g., employees receive an additional week for every 5 years of service, additional days are rewarded for each year of service, tenure does not impact accrual, etc.) (1000-character limit)

Other than what is required by the Fair Labor Standards Act (FLSA), what other types of time off do you offer (e.g., birthdays, time off for community service, comp time)? Please list up to three examples and describe. (250-character limit per example)

Please put a check mark next to each benefit provided by your organization and the percentage of the premium cost absorbed by the organization. If your organization offers more than one plan for any benefit, please select the response which describes your most basic plan.

Supplemental medical coverage  
(employee)  
Supplemental medical coverage  
(dependents)  
Dental coverage (employee)  
Dental coverage (dependents)  
Vision coverage (employee)  
Long-term disability benefits  
Health Savings Accounts

Vision coverage (dependents)  
Long-term care insurance  
(employee)  
Long-term care insurance  
(dependents)  
Life insurance (employee)  
Life insurance (dependents)  
Short-term disability benefits  
Flexible Spending Accounts

Regarding your organization's employee benefits (dental, vision, long-term care, disability, supplemental health insurance, pet insurance, etc.), is there anything else you'd like to tell us? (1000-character limit)

Does your organization provide employees with third-party resources to receive help with personal issues (e.g., EAP)? (Yes/No)

If yes, briefly describe. (1000-character limit)

Does your organization offer any of the following supplemental retirement plans in addition to the CPP? (Select all that apply.)

Registered Pension Plan (Defined Contribution and Defined Benefit)

Group RRSP  
Deferred Profit Sharing Plan  
Our organization does not offer supplemental retirement plans.

What percentage of your employee population works remotely?

What best practices do you employ to keep your remote workforce engaged? (*1000-character limit*)

Other than what you have mentioned elsewhere in this assessment, please tell us about any other unique benefits your organization offers to employees (*1000-character limit*).

## GIVING BACK, WELLNESS INITIATIVES, AND WORK-LIFE BALANCE

In what ways does your organization give back to the community? (*Select all that apply*)

- We've implemented an employee volunteer program
- We allow employees to participate in community service during normal business hours without losing pay or using vacation time
- We host drives (food, clothing, toys)
- We match employees' charitable donations
- We provide opportunities for employees to engage with local health or human service initiatives
- Other, please describe:
- Our organization does not formally support community initiatives.

Does your organization support health and wellness via any of the following? (*Select all that apply*)

- Fitness and/or wellness programs within the workplace
- Furniture that is ergonomically correct and/or encourages movement
- Health club membership or fitness/wellness program reimbursement
- Snacks, meals, meal stipends, and/or beverages
- Workplace facilities to promote exercise and fitness
- Other, please describe:
- Our organization does not support formal health and wellness initiatives.

Are managers trained to look for and deal with signs of mental stress, fatigue, and/or burnout among their team? (Yes/No)

If yes, please briefly describe (type of training, how often). (*1000-character limit*)

Does your organization offer any of the following family-friendly benefits (*Select all that apply*)?

- Adoption benefits, including information and referral services, paid time off, legal, counseling and agency fees, court costs, travel and lodging, etc.
- All or part of employees' full- or part-time childcare paid, either on a regular basis or at pre-arranged times
- Employees' family members invited to workplace celebration or holiday events
- Financial planning workshops, seminars, or classes
- Lactation facilities, lactation support programs, and/or breastmilk shipping during business travel for breastfeeding mothers
- Marriage and family counseling
- Marriage anniversary time off
- On-site childcare
- Schedule flexibility to attend children's school events (sports, music, other activities)
- Tickets to sporting events or other entertainment events, museums or amusement parks
- Time off to take family members to medical appointments
- Other, please describe:
- None of the above

Does your organization offer any of the following work-life balance benefits (*Select all that apply*)?

- Employee concierge services (e.g., car washes; chair massages; laundry service; etc.)
- Employees are encouraged to limit checking of email and voicemail outside of work hours
- Employees are not permitted to work while on vacation
- Employees are required to take time off
- Flexible work hours
- Managers are formally trained to encourage work/life balance amongst their staff
- Meetings and staff-only events are not scheduled after hours.
- No mandatory overtime (or kept to a strict pre-approved minimum)
- Personal development and/or stress management workshops, seminars, or classes
- Sabbatical leave
- Time management workshops, seminars, or classes
- Other, please describe:
- None of the above

## **EMPLOYEE FEEDBACK, DEVELOPMENT, AND ENGAGEMENT**

How often does your organization conduct employee engagement surveys?

This is the first time  
Less than once a year  
Once a year  
More than once a year

After receiving survey results, what specific strategies has your organization employed to improve workplace culture and productivity? (1000-character limit)

How often does your organization conduct performance reviews for all employees?

As needed  
Annually  
Semiannually  
Three or more times a year  
My organization does not conduct employee performance reviews for all employees.

Does your organization offer formal employee professional development and/or career advancement programs? (Yes/No)

If yes, please briefly describe. (1000-character limit)

Does your organization offer any programs or training that prepares employees for leadership roles? (Select all that apply)

Job shadowing and/or cross training  
Leadership workshops or other formal leadership education  
Mentoring  
Support of leadership roles within volunteer organizations outside of your organization  
Other, please describe:  
My organization does not offer programs or training that prepares employees for leadership roles.

Do you require employees to complete any of the following workplace-related training on a regular basis? (Select all that apply):

Communication  
Conflicts of interest  
Cyber security  
Discrimination  
Job safety  
Moral behavior  
Products and services  
Quality  
Racial sensitivity  
Sexual harassment

Other, please describe:  
None of the above

Is there anything else you would like to tell us about your organization? (1000-character limit)

## ADDITIONAL INFORMATION FOR POSSIBLE RECOGNITION

Should you make the list, we would like to notify your top three vendors or suppliers. Please provide the names and contact information: Vendors 1 - 3:

Vendor Name:  
Contact Name:  
Address, City, State/Province, ZIP/Postal Code:  
Telephone:  
Email Address:

{insert media partner name} may want to publicize a point of contact in the “best” program area. Please provide contact information for an employee that your organization would feel comfortable having publicly published or printed. It could be a member of the HR team, a PR contact, or the senior most leader of the organization within the applicable program area.

Name: (Including prefix or suffix, e.g., Dr., Ms., Mr., Jr., etc.)  
Title:  
City, Province, Postal Code:  
Email address:  
Phone number:

Please provide us with a high-resolution version of your logo. By submitting to us your logo, you grant the respective publishing partner(s) the exclusive right to publish this information.

Please adhere to the following guidelines when uploading your logo:

- The logo should be color, not black and white.
- JPG, JPEG, and PNG files are acceptable. Minimum resolution 1500 pixels width x 900 pixels height (or 3 inches width x 5 inches height at 300 dpi).
- The logo should be no larger than 5MB. If your image is larger than 5MB, you must re-size it.
- The following file formats are not acceptable: AI, BMP, EPS, GIF, PDF, TIFF or Word.
- Do not submit a scanned logo.
- Do not submit a logo downloaded from a website.

Please provide us with three fun photos of your organization. By submitting to us your images, you grant the respective publishing partner(s) the exclusive right to publish this information.

Please adhere to the following guidelines when selecting your images:

- Photos should have been taken within the last year.
- All images should be high-resolution. Usable photos are at least a minimum resolution 1500 pixels width x 900 pixels height (3 inches width x 5 inches height at 300 dpi), 300KB but less than 5MB. Do not upload images larger than 5MB. If your image is larger than 5MB, you must re-size it.
- PEG, JPG, or PNG files are acceptable.
- BMP, EPS, AI, GIF, PDF, PPT and Word files will not be accepted.
- Do not use cell phone images.
- Do not copy/paste from a website.
- Do not submit scanned images.
- Please provide a short caption describing each photo.

## ADDITIONAL PARTNER QUESTIONS

The following questions were developed by the *Ottawa Business Journal* for editorial purposes. Responses to these questions will not be used in the analysis to determine the Best Places to Work in Ottawa, but may be featured in your company profile.

Describe how your organization has approached employees' use of AI through, for example, specific policies or procedures. (1000-character limit)

How has AI affected your approach to hiring employees and the skills you are seeking? For example, do you require as many junior employees? (1000-character limit)

The following questions were developed by *WCG Employment Ontario* for informational purposes. Responses to these questions will not be used in the analysis to determine the Best Places to Work in Ottawa.

The Ottawa region has an untapped Francophone labour force. How would you rate your organization's capacity to recruit, support, and retain francophone employees?

Very strong capacity  
Moderate capacity  
Limited capacity  
No Current Capacity  
Unsure

Which of the following practices does your organization have in place to recruit, support, or retain Francophone employees?

Job Postings available in French  
Ability to conduct interviews in French  
French-language onboarding or training  
French-speaking supervisors or managers  
Workplace policies supporting the use of French  
Partnerships with francophone community organizations  
No Specific measures currently in place  
Other