

Employer Benefits & Policies Questionnaire

The Employer Questionnaire will be administered online. Please note that the text boxes that ask for a description of a benefit or policy will hold approximately 450 characters of text on the online survey.

Important instructions for filling out the Employer Questionnaire:

Please fill out the questionnaire as completely as possible. Your answers will be used in the ranking analysis to determine the "Best" list. Should your organization make the list, all or a portion of the information you submit may be shared in the publication and/or Web site announcing the list, and also in "spotlighting" each organization should there be an awards event.

- All questions apply to operations in the program area unless otherwise noted.
- All questions apply to operations within your organization's most recently completed fiscal year, unless otherwise noted.
- Please navigate within the questionnaire using the "Back" and "Save and Continue" buttons found at the bottom of each page.
 - Please do not use the "back" and "forward" arrow buttons on your Internet browser. To page forward within the questionnaire, you must select the "Save and Continue" button. To page backward, please select the "Back" button. Both the "Back" and "Save and Continue" buttons appear at the bottom of each page.
 - If you should unintentionally select your browser's Back or Forward button, simply click the Refresh button in your Toolbar which will take you back to the questionnaire.
 - The "Save and Continue" button will automatically save your most recent changes to that page in the questionnaire.
- For questions requiring a NUMERIC RESPONSE:
 - Please respond using whole numbers only, rounding to the nearest whole number if necessary.
 - If the question is in regards to a specific benefit and your organization provides different benefits for different classes of employees, please provide the average value across all employees. For example, if the question asks "How many vacation days do you provide for an employee who has been with the company for at least one year?" and you offer 15 vacation days per year to professional staff, 10 to clerical staff and 20 to executives, please enter 15, which is the average of $15+10+20$.
 - If the question does not apply to you or if the requested numeric information is not available, please leave the question blank.
- For questions requiring a TEXT RESPONSE:
 - In some instances, the size of the response box represents the approximate text characters available for that response. For other questions, a counter has been provided to indicate the remaining character spaces available as you input your response. If you exceed the maximum limit, the counter will reflect a negative number and any additional text entered beyond the maximum limit will not appear.
 - Please be as brief as possible and use language and phrasing that is easy to comprehend. Avoid industry jargon. Do not include employee or client testimonials or quotes within your responses. Do not include any information you cannot support or would not be comfortable having publicized about your company if you make the list.
 - If the question does not apply to you, the requested information is not available, or you do not wish to disclose the requested information, please enter "N/A".
- If you need further clarification of any question, place your cursor over the "?" icon near the individual question and a definition will appear.

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- The Employer Questionnaire is hosted in an online database, so you are able to access the questionnaire and make changes as often as necessary prior to the EQ submission deadline. When your questionnaire is complete, select the option on the last page that reads "The questionnaire is complete and ready to be submitted" and then click the "Save and Continue" button.
- *"Oh, no! I've submitted our questionnaire, but now I realize I need to revise something!"* Not to worry. Should you "Submit" the EQ and then need to make changes, you may login to make any necessary updates as often as you like until the questionnaire deadline.
- Once the submission deadline has passed, only the most recently saved version of your questionnaire will be used during the ranking analysis process. Incomplete questionnaires will not be considered.
- Only one person can be in the questionnaire at any given time. If more than one person needs to complete this questionnaire, we recommend that you collect the data from the appropriate departments and then have one person input all of the data.
- At the end of the questionnaire, you will have an option to print out your responses and/or e-mail a copy to yourself for your records. We highly recommend that you choose one or both of these options, as we are not able to send you a copy.

If at any time you need to review these instructions, simply click on the "Click Here for More Information" question mark icon found at the top of each page within the questionnaire.

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

Survey Administrator Information

2. Survey Administrator Name:

3. Survey Administrator email address:

4. Survey Administrator phone number:

5. Survey Administrator business mailing address:

5a. Is the Survey Administrator an employee of the organization?

☐ Yes ☐ No

6. U.S. Employer Headquarters Address, if applicable:

7. Employer Web site address:

8. Industry:

[dropdown menu]

9. Should your organization be named to the list, we would like to notify your top four vendors or suppliers. Please provide the names and contact information for your top four business vendors:

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

2250 character limit

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11. If we were to ask your employees, “*What three things does your employer do for you that you love?*” – what would they say?
Examples include chair massages, holiday party, 4-day work week, etc.
Be specific, don’t just reply, “We are like a family.” (no character limit)

- 11a. Other than the three items listed in Q11, are there any other unique or creative employee programs offered by your organization?
Examples are: a “Biggest Loser” weight loss challenge, a ping-pong table, paid time off to provide on-site relief to disaster victims, ice cream Fridays, etc. (no character limit)

Organization and Contact Information

12. Name of Highest Ranking Official/CEO:

- 12a. Please confirm the title of the Highest Ranking Official/CEO:

- 12b. Please indicate the office location of the Highest Ranking Official/CEO:

- 12c. Please provide the email address of the Highest Ranking Official/CEO.
(This email address will only be used to contact this individual to arrange a possible media interview and will not be shared publicly.)

- 12d. How many years has your Highest Ranking Official/CEO been in this position within the organization?

 years

- 12e. Please provide the name of the highest ranking individual in the state of the nominated workplace. *

(* Question will not appear for national programs)

- 12f. Please confirm the title of the highest ranking individual in the state of the nominated workplace.

- 12g. Please indicate the office location of the highest ranking individual in the state of the nominated workplace.

- 12h. Please provide the email address of the highest ranking individual in the state of the nominated workplace.

(This email address will only be used to contact this individual to arrange a possible media interview should you make the list, and will not be shared publicly.)

Workforce Information

- 13: At registration, your organization submitted the number below as the total number of full-time, permanent staff employed in the United States. Please verify that this number is current and accurate, and make changes as necessary. (This number should include partners, founders and other salaried executives. Do not include part-time, temporary, seasonal or per diem employees, nor consultants and independent contractors.)

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- 13a: At registration, your organization submitted the number below as the total number of part-time, permanent staff employed in the United States. Please verify that this number is current and accurate, and make changes as necessary. (This number should not include full-time, temporary, seasonal or per diem employees, nor consultants and independent contractors.)
- 14: At registration, your organization submitted the number below as the total number of full-time, permanent staff employed in [program area]. Please verify that this number is current and accurate, and make changes as necessary. (This number should include partners, founders and other salaried executives. Do not include part-time, temporary, seasonal or per diem employees, nor consultants and independent contractors.)*
- 14a: At registration, your organization submitted the number below as the total number of part-time, permanent staff employed in [program area]. Please verify that this number is current and accurate, and make changes as necessary. (This number should not include full-time, temporary, seasonal or per diem employees, nor consultants and independent contractors.)*
- 14b. Please provide the total current number of full-time, permanent staff employed outside of the United States. (This number should include partners, founders and other salaried executives. Do not include part-time, temporary, seasonal or per diem employees, nor consultants and independent contractors.)
- 14c. Please provide the total current number of part-time, permanent staff employed outside of the United States. (This number should not include full-time, temporary, seasonal or per diem employees, nor consultants and independent contractors.)
- 14d. Our organization only employs individuals within the program area, and not anywhere else inside or outside the United States.* ☐ Yes ☐ No
(Question will not appear for national programs)*
- 14e. Please provide your organization's total worldwide employee count, both domestic and international. This number should equal the total combined U.S. and non-U.S. employee counts you entered in question 13, 13a, 14b, and 14c.
- 14f. Within your organization, what is the minimum number of hours per week that an individual must work to be considered a full-time employee?
15. How many full-time Human Resources staff persons do you employ within your organization?
16. What professional Human Resources certifications are currently held by your organization's HR staff? (select all that apply)
- | | |
|---|--|
| <input type="radio"/> Professional in Human Resources (PHR) | <input type="radio"/> Global Remuneration Professional (GRP) |
| <input type="radio"/> Senior Professional in Human Resources (SPHR) | <input type="radio"/> Work Life Certified Professional (WLCP) |
| <input type="radio"/> Global Professional in Human Resources (GPHR) | <input type="radio"/> Certified Executive Compensation Professional (CECP) |
| <input type="radio"/> Certified Compensation Professional (CCP) | <input type="radio"/> Certified Sales Compensation Professional (CSCP) |
| <input type="radio"/> Certified Benefits Professional (CBP) | <input type="radio"/> Other _____ |

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17. What percentage of your employees are male?
18. What percentage of your employees are female?
19. What percentage of your executive team is male?
20. What percentage of your executive team is female?
21. In the most recently completed fiscal year, what was the average annual salary for exempt employees in your organization? (including partners if salaried) \$
22. In the last fiscal year, what was the average annual salary for non-exempt employees in your organization? \$
23. How many new, full-time hourly or salaried permanent positions were created in the last fiscal year?
24. How many open, full-time hourly or salaried permanent positions were filled in the last fiscal year?
25. Of all open, full-time permanent salaried positions filled in the last fiscal year, what percentage of those positions were filled by internal staff?
26. What was your organization's percentage of voluntary turnover in the last fiscal year?
27. What was the 2013 average percentage of voluntary turnover within your organization's industry? If you do not know this figure, please click on the ? icon to the left for more information.
- ☐ Information Not Available
28. In the last fiscal year, what percentage of your full-time permanent, hourly or salaried employee population was involuntarily separated from employment due to a layoff or reduction in force?

Hiring and Employment Practices

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

750 character limit

☐ Our organization does not employ any programs/practices to actively recruit/retain employees of varying ethnic and cultural backgrounds.

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

750 character limit

☐ Our organization does not employ any programs/practices to actively recruit/retain members of the disabled community.

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31. Beyond simply stating that your organization is an Equal Opportunity Employer please briefly describe any programs/practices you employ to actively recruit/retain an aging workforce.

750 character limit

☐ Our organization does not employ any programs/practices to actively recruit/retain members of the aging workforce.

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

☐ Yes ☐ No

33. 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
- ☐ Professional references

- ☐ Personal references
- ☐ Our organization does not use any pre-employment screening tools
- ☐ Other, please describe

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

250 character limit each

☐ Our organization does not offer any bonus or incentive programs.

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

☐ Yes ☐ No

38. Do you offer a Profit Sharing Program?

☐ Yes ☐ No

39. Do you offer an Employee Stock Option Program?

☐ Yes ☐ No

40. Do you offer a 401(k) or 403(b) retirement savings program?

☐ Yes ☐ No

40a. If yes, when is an employee eligible to begin contributing to their 401(k) or 403(b) account?

- ☐ 30 days after hire ☐ 90 days after hire ☐ 6 months after hire ☐ 1 year after hire ☐ Other (please describe)

40b. If yes, do you match employee contributions to their 401(k) or 403(b) account?

☐ Yes ☐ No

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

☐ Yes ☐ No

41. Does your organization offer a defined benefit pension plan?

☐ Yes ☐ No

42. For each of the following benefits, indicate whether the cost of the benefit (premium) is paid for by the company, the employee, or both. Assume individual employee only (no dependents) choosing your most basic plan for each. If your organization does not offer this benefit, please select "This benefit not offered."

- Medical coverage (employee)
- Medical coverage (dependents)
- Prescription coverage (employee)
- Prescription coverage (dependents)
- Dental coverage (employee)
- Dental coverage (dependents)
- Vision coverage (employee)
- Vision coverage (dependents)
- Long-term care insurance (employee)
- Long-term care insurance (dependents)
- Life insurance (employee)
- Life insurance (dependents)
- Short-term disability benefits
- Long-term disability benefits

Select one response for each benefit:

- ☐ Employer pays 100% of premium
- ☐ Employer pays 75% - 99% of premium
- ☐ Employer pays 50% - 74% of premium
- ☐ Employer pays 25% - 49% of premium
- ☐ Employer pays less than 25% of premium
- ☐ This benefit not offered

42a. Our organization offers the following healthcare plan(s) to its employees.
(Select all that apply.)

- ☐ Health Maintenance Organization (HMO)
- ☐ Preferred Provider Organization (PPO)
- ☐ Point-Of-Service Plan (POS)
- ☐ High Deductible Healthcare Plan (HDHP)
- ☐ Consumer Driven Healthcare Plan (CDHP)
- ☐ None of the above

42b. Does your organization offer employees a choice of healthcare plans?

☐ Yes ☐ No

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

750 character limit

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

- ☐ First day of hire
- ☐ First day of the next month after hire
- ☐ 30 days after hire
- ☐ 60 days after hire
- ☐ 90 days after hire
- ☐ More than 90 days after hire
- ☐ Other, please describe

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

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

45. Does your organization make any contribution toward an employee's Health Savings Account (HSA) or Health Reimbursement Account (HRA)? ○Yes ○No

45a. If yes, is this a one-time employer contribution or an annual contribution? ○Yes ○No

45b. If yes, is the amount of the employer contribution the same for all employees? ○Yes ○No

46. Does your organization offer Flexible Spending Accounts (FSA)? ○Yes ○No

47. Does your organization offer domestic partner benefits? ○Yes ○No

48. What is the number of paid holidays your organization offers per year?

49. Do you provide time off as PTO (one bank of time) or as vacation, sick, personal (separate banks):

PTO→	Enable Q51a
Vacation Sick Personal→	Enable Q51b – Q51e

49a. What is the number of PTO days available after one year of employment? (do not include company holidays)

49b . What is the number of vacation days available after one year of employment?

49c. What is the number of sick days available after one year of employment?

49d. Can an employee use sick days to care for an ill dependent? ○Yes ○No

49e. What is the number of personal days available after one year of employment?

50. Can employees trade accrued days for pay once the maximum accrual has been reached? ○Yes ○No

51. Can employees “donate” accrued PTO/sick days to any fellow employee in need? ○Yes ○No

Work/Life Balance and Wellness Initiatives

52. Does your organization allow employees additional paid time off for community service activities/volunteer work? ○Yes ○No

53. Does your organization sponsor or actively support any community service initiatives? ○Yes ○No

53a. Please briefly describe the top three community service initiatives your organization actively supports through financial means or volunteer time.

250 character limit each

- ☐ Our organization does not sponsor nor actively support any community services initiatives.

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

54. As a standard practice, does your organization offer telecommuting options to your employees? ○Yes ○No

55. As a standard practice, does your organization offer job sharing options? ○Yes ○No

56. As a standard year-round practice, does your organization offer employees the option to work a compressed work week? ○Yes ○No

57. What dress code applies to the majority of your employees?

- ☐ Business ☐ Business Casual ☐ Casual ☐ Uniforms

58. Please describe any facilities provided at your workplace which promote exercise and fitness (limit three).

250 character limit each

☐ Our organization does not provide any workplace facilities to promote exercise and fitness.

59. Please describe any successful fitness and/or wellness programs available to your employees in your workplace (limit three).

250 character limit each

☐ Our organization does not provide any fitness and/or wellness programs or practices within the workplace.

60. Does your organization pay all or part of employees' costs for health club memberships or fitness or wellness programs? ○Yes ○No

60a. If yes, do you also pay all or a part of the cost for health club memberships or fitness or wellness programs to an employee's partner and/or other family members? ○Yes ○No

61. Do you provide cafeteria or meal subsidies, free daily snacks or beverages? ○Yes ○No

62. Please briefly describe any sustainable or “green” practices your organization promotes to encourage conservation of the environment and its natural resources (limit three).

250 character limit each

☐ Our organization does not promote any sustainable or “green” practices.

Training & Career Development

63. How often does your organization conduct Employee Performance Appraisals for all staff?

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

64. Does your organization conduct 360-degree Performance Appraisals?

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

65. Is an employee's compensation tied to performance?

☐ Yes ☐ No

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

hours

67. What is the average number of annual training and development hours received per employee?

hours

68. Does your organization offer formal diversity training?

☐ Yes ☐ No

68a. If yes, please describe:

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

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

70. If applicable, please briefly describe any formal employee career development/job advancement programs/practices. Please list your top three programs/practices.

250 character limit each

- ☐ Our organization does not offer any formal employee career development/job advancement programs or practices.

71. Does your organization have any formalized programs/practices for succession planning?

☐ Yes ☐ No

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

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

Corporate Culture & Communications

73. Please describe any unique tools and/or practices your organization utilizes to communicate with and encourage two-way dialogue between your upper management and employees (limit three).

250 character limit each

☐ Our organization does not offer any unique internal communication tools and practices.

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

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

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

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

76. Does your organization offer formal employee recognition/appreciation programs?

☐ Yes ☐ No

76a. If yes, please briefly describe up to three employee recognition/appreciation programs.

250 character limit each

☐ Our organization does not offer any unique internal communication tools and practices.

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

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

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

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

79. What unique activities does your organization initiate to relieve workday stress and promote fun? Please list your top three activities.

250 character limit each

- ☐ Our organization does not initiate any activities to relieve stress and promote fun.

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

750 character limit

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Should your company be named to the list, we would like to provide the following information to our publication partners for use in their special publication or awards event. This information will not be distributed or shared if your company does not make the list. You may send up to 4 images (one company logo and three company pictures.)

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

First, your company logo:

Upload a color logo using the following specifications:

- 1: The file should be a vector EPS file, a High-resolution JPG, TIFF, AI, or PNG.
- 2: PDF, GIF, or BMP files will not work.
- 3: Do not use a scan off a piece of letterhead.
- 4: If you have any questions regarding your image, please email: support@bestcompaniesgroup.com.

Please upload your logo:

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

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

Please upload your photos using the following specifications:

- 1: ALL images should be high-resolution. Usable photos are at least: 300+ dpi; 800x600 pixels; 100+ KB (kilobytes) in size but **less than 3MB**.
- 2: JPEG or JPG files are preferred. TIFF files are acceptable. BMP files are not usable.
- 3: Cell phone images are typically not of good enough quality to be used.

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4: Please do not copy & paste images from your website - they will be too small and too low-resolution to use on a big screen or in print. If you want a photo from your site, ask your marketing or web department for the original file.

5: Do not paste your photos into a Word document, PowerPoint slide, the body of an email, PDF, etc.

6: 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.

7: Must be recent and NEW. (Please do not submit photos from a previous year.)

8: Please provide a short caption (less than 25 words) describing the photo in the space provided.

Company Photo 1:

Please upload the file:

Company Photo 1 Short Caption:

Less than 25 words

Company Photo 2:

Please upload the file:

Company Photo 2 Short Caption:

Less than 25 words

Company Photo 3:

Please upload the file:

Company Photo 3 Short Caption:

Less than 25 words

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

81. Please indicate the current status of your company’s Employer Questionnaire:

- | | | | |
|---|---|---|--|
| <input type="radio"/> The questionnaire is complete and ready to be submitted | <input type="radio"/> The questionnaire needs minor changes or to be reviewed before submitting | <input type="radio"/> The questionnaire is halfway complete | <input type="radio"/> The questionnaire still needs a great deal of work |
|---|---|---|--|

82. How long (in hours) did it take to complete this survey?

hours

83. Please check “Yes” below to verify that you are finished and ready to submit your survey. Once you click “Yes” your responses will be submitted and you will be able to print/email your final results.

Sample