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.

ORGANIZATIONAL OVERVIEW

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

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

The email address of the senior leader in the above question will only be used to contact this individual to arrange possible interviews for recognition purposes. The email address 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?

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

Which of the following DEI initiatives does your organization currently offer or have in place? (Select all that apply)

- Dedicated diversity and inclusion staff
- Diversity employee resource groups
- Diversity recruitment program
- Mandated diversity and inclusion training
- Mandated unconscious bias training
- Hiring practices that promote diversity
- None of the above

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)*

Regarding your organization's DEI initiatives, is there anything else you'd like to tell us? (1000-character limit)

ORGANIZATIONAL BENEFITS

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

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

Do you offer PTO or vacation/sick/personal? (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*)

Please select which policies and benefits your organization provides to employees. (Select all that apply)

- Extended PTO (20+ days annually)
- Comprehensive vacation, sick, and personal time off package (20+ days total)
- Paid sick days
- Paid holidays
- Floating holidays
- Bereavement leave benefits
- None of the above

Other than what is required by law, what other types of time off do you offer (e.g., birthdays, holiday time, comp time)? Please list up to three examples and describe. *(250-character limit per example)*

What family and parental support benefits does your current employer provide? (Select all that apply)

- Adoption assistance
- Childcare benefits
- Family medical leave
- Fertility benefits
- Enhanced parental leave (company-paid time beyond any legal requirements)
- Lactation support and facilities
- Return-to-work program post parental leave

Do you offer healthcare benefits? (Yes/No)

If yes, who is eligible?

Full-time employees only
Full-time and part-time employees (working less than 32 hours a week)

When can a new hire enroll in your organization's healthcare plan *(check one)*?

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: _____

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.

Medical coverage (employee)
Supplemental medical coverage (employee)
Medical coverage (dependents)
Supplemental medical coverage (dependents)
Dental coverage (employee)
Dental coverage (dependents)
Long-term disability benefits
Short-term disability benefits
Vision coverage (employee)
Vision coverage (dependents)
Long-term care insurance (employee)
Long-term care insurance (dependents)
Life insurance (employee)
Life insurance (dependents)
Health Savings Accounts
Flexible Spending Account

What wellness-related benefits does your company provide to employees? (Select all that apply)

- Abortion travel benefits
- Fitness and/or Wellness programs
- Health club membership or stipend
- Mental health benefits
- Pet insurance
- Wellness days
- None of the above

Which of these workplace perks are available at your organization? (Select all that apply)

- Company-sponsored outings/happy hours/family events
- Relocation assistance
- Free snacks and drinks and/or Some meals provided
- Commuter benefits
- None of the above

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)*

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

What financial benefits does your current employer offer? (Select all that apply)

- 401(k), 403(b) or 457 Pension Plan (SIMPLE, SEP and/or SARSEP)
- Company equity
- Deferred Profit-Sharing Plan
- Defined Benefit Plan
- Employee Stock Plans
- Employer match or other formal contribution
- Group RRSP
- Performance bonus
- Pay transparency
- Registered Pension Plan (Defined Contribution and Defined Benefit)
- None of the above

If employer match or other formal contribution is selected, briefly describe the match *(250-character limit)*:

Regarding your organization's financial benefits, is there anything else you'd like to tell us? *(1000-character limit)*

What professional growth and learning benefits does your current employer offer? (Select all that apply)

- Apprenticeship programs
- Continuing education stipend/Tuition reimbursement
- Customized development tracks
- Job training and/or conferences
- Lunch and learns
- Mentorship program
- Online course subscriptions available
- Personal development training
- Professional certifications
- Promote from within
- Virtual coaching services
- None of the above

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 AND WORK-LIFE BALANCE

Which of these culture initiatives and work arrangements are part of your organization? (Select all that apply)

- Charitable contribution matching
- Employee-led culture committees
- Flexible work schedule
- Hybrid work model
- OKR operational model
- Open office floor plan
- Paid volunteer time
- Partner with nonprofits
- Remote work program
- Team-based strategic planning
- Volunteer in local community
- None of the above

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*)?

Employees' family members invited to workplace celebration or holiday events
Financial planning workshops, seminars, or classes
Marriage and family counseling
Marriage anniversary time off
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
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 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, State/Province, ZIP/Postal Code:
Email address:
Phone number:

Please provide us with a logo using the specifications below. By submitting to us your logo, you grant the respective publishing partner(s) the exclusive right to publish this information.

Logos:

- The logo should preferably be in color, not black and white.
- Vector AI, EPS or JPG, JPEG and PNG files are acceptable. Minimum resolution: 1500 pixels width x 1000 pixels height (6 inches wide x 4 inches high 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: BMP, GIF, PDF, TIFF, Webp 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.

- Photos should have been taken within the last year. Please provide a short caption describing each photo. Captions should briefly describe the event captured and the approximate date.
- **All images should be high-resolution.** 16x9 aspect ratio is preferred with a minimum resolution of 2000px on the widest side. File size minimum is 300KB but less than 5MB. Do not upload images larger than 5MB.
- JPEG or PNG files are acceptable.
- BMP, EPS, AI, GIF, PDF, PPT, TIFF, Webp and Word files will not be accepted.
- Do not upscale small images to fit spec. The image will come out pixelated.
- Do not use cell phone images.
- Do not copy/paste from a website.
- Do not submit scanned images.
- Do not submit images with borders.

ADDITIONAL PARTNER QUESTIONS

The following questions were developed by *Ad Age*. Responses to these questions will not be used in the analysis to determine the Ad Age Best Places to Work 2027.

What person should Ad Age contact for fact checking or questions:

Name:
Title:
Email:
Phone:

Ad Age's list of Best Places winners will note one primary Discipline next to each winning company. Please select one of the following Disciplines that best describes your primary business offering.

Agency:

1. Ad agency
2. Agency holding company (corporate staff or shared services)*
3. Branding, brand consulting
4. Business transformation
5. Commerce, CRM, direct marketing
6. Digital
7. Event/experiential marketing
8. Health care
9. Marketing agency
10. Media
11. Out of home
12. Promotion
13. Public relations

Ad tech:

1. Ad tech

Data and research:

1. Data and analytics
2. Market research, media research

Marketer:

1. In-house agency
2. Brand or corporate marketing department or group

*Corporate employees only; not agency operating units.

Please tell us what you would like listed for your organization's:

1. Website address
2. LinkedIn address
3. Instagram address (optional)
4. X handle (optional)

Your organization submitted the total number of permanent full- and part-time eligible employees at your organization on the email upload portal (online employee survey method) or on the confirmation checklist (paper employee survey method). Based on that number, please respond to the question below, if available. The number provided below should include full- and part-time permanent employees only. Do not include seasonal, temporary, per diem, interns, volunteers, or independent contractors.

Please note: This information may be used to develop a separate Best Places to Work ranking focused on professionals 30 and under.

As of December 31, 2026, how many employees at your organization are 30 years old or younger?