

Top Small Company Workplaces 2010

Company Name :

Address :

Country : United States

City : State/Province : Please select... **Zip :**

Company Website Address :

Name of CEO/President :

How long has the CEO/President been in this role?

Email Address of the CEO/President:

First and last name of person¹ completing application :

Role or relationship to company :

Telephone Number : x Fax Number :

Email Address² :

¹This person will be considered the contact person for follow-up.

²No generic (info@,sales@,webmaster@,etc.)company.com email addresses please.

SECTION II: YOUR BUSINESS

Please provide a brief description of your business or organization (primary products and services).

Industry: 0

In what year was your company founded?

Is the founder still active? No

Legal Structure: Private

Legal/Tax Structure: Partnership/Proprietorship

Nature Of Ownership

Percent of the company owned by CEO/President: 0.00%

Percent of the company owned by other managers: %

Percent of the company owned by (non-management) employees: %

Percent of employees who own stock in company: %

Is the company an ESOP? Yes

Can the employees own stock other than through an ESOP? Yes

If yes, how do they acquire the stock? DirectOwnership

Please list any other significant stockholders and their percentage of ownership.

Has the company raised or received investment from outside investors? Yes

Who are the current investors?

Has the company or organization been the subject of any investigation by a government body or a civil or criminal complaint? Yes

Please Explain:

Has your company been a party to any lawsuits in the past 10 years? Yes

SECTION III: FINANCIAL DATA

(This financial information is required for consideration and will remain confidential unless you agree to its release.)

Year	2009	2008	2007
Annual Revenues ³	\$	\$	\$
Was the business profitable?			

³ Either a calendar or a fiscal year.

Describe the business conditions in your industry during this period and compare your company's performance to your industry. Please include benchmarks as appropriate.

SECTION IV: EMPLOYEES

	2009	2008	2007
# Employees			
% Women			
% Ethnic Minorities			

Percentage of full-time employees earning \$20,000 or less per year*: %

Percentage of full-time employees earning between \$20,000 to \$40,000 per year*: %

* Information asked for research purposes only.

Average tenure of current employees: years

Turnover in the last 3 years:

	2009		2008		2007	
	#	% ⁴	#	%	#	%
Voluntary						
Involuntary						
Total						

⁴ Round to the nearest 1%

If your turnover has exceeded 25% for one or more years, please explain

Number of job openings (new positions or vacancies) filled from within in the last 3 years:

	2009	2008	2007
# of Job Openings			
# of Job Openings filled from within			
% of Job Openings filled from within			

Does employee compensation include performance-based incentives? Yes

Sales Commission: No

Stock/options: No

Profit Sharing: No

Performance bonus: No

Please Explain:

Employee Benefits

Which of the following benefits does your company offer?

Medical insurance: No (If checked, you must select at least one of the four following checkboxes below)

PPO: No

HMO: No

High Deductible: No

Other: No Please Explain:

% of employee premium paid by company.

% of dependent premium paid by company.

Health Savings Account: False

Health Savings Account Company Contribution:

Dental Insurance: No

Vision Insurance: No

Employee Assistance Program: No

Life insurance provided by company: No (If checked you must enter a Flat Amount or Salary Based Amount below)

Flat Amount: \$

Salary Based: times of salary up to

Long-term Disability: No

Short-term Disability: No

Long-term Care Insurance: No

Domestic Partnership Benefits: No

Employee Stock Purchase or other Shared Ownership Plan: No

Retirement Plans: No

Please briefly describe company contribution: 401(K) Plan:

Employer Contribution:

Employee Match:

Schedule of when employees become vested:

Non 401(K) profit sharing retirement plan:

Other, please describe:

Pre-tax Spending Benefits No

Transportation Assistance No

Paid Time Off/Vacation/Holidays/Personal Time: No (For a one-year employee)

Not in a package Yes

Vacation days:

Sick days: unlimited: No

Personal days/floating holidays:

Holidays:

Other: (type)

Sabbaticals: No

Childcare Assistance: No

Childcare referral services: No

On-site childcare center: No

Company-subsidized childcare: No

Access to backup childcare service in the case of an unexpected event: No

Bring children to work in an emergency: No

Other: No Please Specify:

Educational Assistance: No

Educational Assistance/Tuition Reimbursement Average tuition reimbursement allowed per employee per year:

Employee Wellness & Fitness Program: No

Please Specify:

Flexible Work Arrangements: No

Please Specify:

If your company offers benefits not shown above, please list them below.

Do you offer the same benefits for management and non-management employees? No

If not, briefly explain the differences:

Are part-time employees eligible to receive benefits? No

If so, How many hours per week must they work for eligibility? Hrs per week

Which benefits are they eligible for?

Employee Learning and Development

1. Please give one example of a learning initiative that you have found particularly effective or innovative.

2. How do you work with employees to help them grow in their jobs?

3. How does your organization develop employees for leadership roles?

4. Do you open your company's books and share financials to all employees? No

If so, are all employees taught how to understand the company's finances? No

SECTION V: YOUR WORKPLACE

Please write a response with a maximum length of 2000 characters (including spaces) to each of the following questions.

Question 1 of 6

Describe the culture of your organization and the key people practices that support that culture. Please provide examples.

Question 2 of 6

How have your organization's people practices contributed to your top line revenue and bottom line profitability? Please give specific qualitative examples; if you have quantitative examples, please provide those as well.

Question 3 of 6

How does the organization encourage employees to participate in important business decisions? Please give examples.

Question 4 of 6

Over the last year, what kind of impact has the economy had on your business? Please briefly explain how your company has responded?

Question 5 of 6

How do leaders in your organization foster a sense of community and collaboration among employees? Please be specific.

Question 6 of 6

What are your key long-term strategic goals for the organization and the workplace? What plans have been made to sustain the firm's culture?

SECTION VI: EXTERNAL ADVISORS AND REFERENCES

Please list below individuals who have assisted the organization and who may serve as references. These people will be contacted only if you are selected as a finalist for the Top Small Company Workplaces recognition.

Attorney:	Firm:	Title:
Address:		
City:	State:	Zip Code:
Telephone:	Fax:	Email:

Accountant:	Firm:	Title:
Address:		
City:	State:	Zip Code:
Telephone:	Fax:	Email:

Advisor/Board Member:	Firm:	Title:
Address:		
City:	State:	Zip Code:
Telephone:	Fax:	Email:

Advisor/Board Member:	Firm:	Title:
Address:		
City:	State:	Zip Code:
Telephone:	Fax:	Email:

Reference:	Firm:	Title:
Address:		
City:	State:	Zip Code:
Telephone:	Fax:	Email:

PR Firm (if applicable):	Firm:	Title:
Address:		
City:	State:	Zip Code:
Telephone:	Fax:	Email: