To be considered for Landscape Ontario’s Employer of Choice Awards your company must meet the following criteria:

Competency Standards
- Offer and pay for ongoing education and training to its staff and management
- 1 in 10 staff to have Landscape Industry Certification, apprenticeship, or equivalent
- Use of CLD or equivalent on staff if Design/Build firm
- Must show employee retention statistics

Character Standards
- Google Reviews
- Company policy and employee manual
- Gives back to the community
- Conscious of environmental initiatives

Business Operations Standards
- Has a fair, concise and significant company policy manual.
- Has safety as a priority in the day to day operations of its company and staff
- Loss time statistics WSIB from the last five years
- Has a Mission statement and Strategic plan of action that is developed with its own staff
- Must be compliant with safety legislation

Financial Standards
- Offers fair or better remuneration in their respective markets (at or above the average from the wage surveys with career ladders)
- Credit Exchange to ensure credit standing
- Offers a pension plan to staff
- Offers overtime
- Offers Health Benefits

Industry/Community Involvement
- Membership in the Peer to Peer program
- Strives to hire Horticulture students when possible.
- Contributes volunteer hours to the association
- Encourages staff to participate in LO events and meetings
- Supports local Horticultural education programs.
Application Checklist
To be considered for the Employer of Choice Awards you must submit the following information:

- Application form and questionnaire
- Payment of $50 entry fee
- Staff list (names and email addresses). List all staff certifications including Apprenticeship or Red Seal CLD (or equivalent) including College or University programs as well as employee start date.
- Copy of company policy and employee manual
- An overview of employee compensation structure
- OH&S metrics including WSIB statistics
- Names of staff on Joint Health and Safety Committee and proof of training

A questionnaire will be sent to all employees upon successful completion of the application. Employee responses will be kept anonymous. At the conclusion of the program, each company will be sent their overall scores based on feedback from their employees.
LANDSCAPE ONTARIO EMPLOYER OF CHOICE AWARDS

LANDSCAPE ONTARIO EMPLOYER OF CHOICE AWARDS APPLICATION FORM

Company Information

Company name

Contact name

Contact title

Address __________________________________________ City __________________________

Province__________ Postal code __________ Website __________________________

Phone __________________________ E-mail __________________________

Company start date ________________ WSIB Account # ________________

Payment

○ Visa ○ Mastercard ○ AMEX

Card number __________________________ Expiry date __________

Name of cardholder

By submitting this application we agree that the information provided is complete and accurate. We, the undersigned, hereby give to Landscape Ontario Horticultural Trades Association (LOHTA) all publication rights to all materials submitted including photos or other items submitted. We further agree that LOHTA may, in turn, publish these materials or release them for use in, but not limited to: magazines, videos, newspapers or as otherwise deemed appropriate by LOHTA. Specific numerical information will be kept confidential.

Signature __________________________ Date __________________________
COMPANY INFORMATION
Identify ways in which your company gives back to your community. Include examples and any local news or press releases.

Describe how your company is involved with Landscape Ontario Horticultural Trades Association. List any volunteer positions, events attended etc.

Describe any greening initiatives your company participates in. Include examples of equipment used, company practices etc.:
FINANCIAL BENEFITS & COMPENSATION

Do you participate in outside salary surveys?

❑ Yes. How often? Every: ❑ 6 Months ❑ 12 Months ❑ 18 Months ❑ 24 Months

❑ No. If no, how do you determine if salary levels at your company are competitive?

Please indicate whether the following financial benefits are available at your company:

<table>
<thead>
<tr>
<th>Benefit</th>
<th>All employees</th>
<th>Some employees only</th>
<th>N/A</th>
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<tr>
<td>Salaried pay</td>
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<td>Lieu time</td>
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<td>Profit-sharing plan</td>
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Year-end bonuses for:

❑ All positions
  Last year’s range, from: $_____ to $______

❑ Some positions only
  Last year’s range, from: $_____ to $______

❑ N/A

❑ Defined-benefit pension plan, with employer contributions to _____% of salary

❑ Defined-contribution pension plan, with employer contributions to _____% of salary

❑ Matching RSP plan with employer contributions to _____% of salary

❑ Non-matching RSP plan with employer contributions, to _____% of salary

❑ Basic RSP plan with payroll deductions, but no employer contributions

❑ Life & Disability insurance
  Employee referral bonuses: Min: $_____ Max: $______

❑ Discounted insurance
  Corporate discounts at retailers, etc.

❑ Low-interest home loans
  Discounted auto lease rates

❑ Subsidized home Internet
  Discounted company products or services

Identify the number of paid days off that employees at your location receive each year:

(a) Statutory holidays          _______ days
(b) Holiday closures           _______ days
(c) Paid sick days             _______ days
(d) Short term disability (with doctor’s note) _______ days
(e) Personal days-off          _______ days
Describe your company’s dress code:
- Company provided clothing
- Company clothing at employees expense
- Dress-for-your-day (no uniforms)

# of Full Time Employees_____________  # of Part Time Employees ___________

Longest # of years any employee has worked for your company __________

Describe the payment rage for your employees:
- Seasonal labourer  Range, from: $ _____ to $ _______  [Salary]  [Hourly]
- Lead hand  Range, from: $ _____ to $ _______  [Salary]  [Hourly]
- Foreman  Range, from: $ _____ to $ _______  [Salary]  [Hourly]
- Manager  Range, from: $ _____ to $ _______  [Salary]  [Hourly]
- Lead hand  Range, from: $ _____ to $ _______  [Salary]  [Hourly]

Describe any company-paid social events that have taken place in the last 12 months (holiday celebrations, team building activities etc.)
HEALTH AND SAFETY

Does your company have a Joint health & Safety Committee?

- No
- Yes. If yes, please list their names and the date of their training.

Has your company been issued a stop work order within the last two years?

- No
- Yes. If yes, please explain.

Has your company ever been charged for a violation of the Employment Standards Act?

- No
- Yes. If yes, please explain.
HEALTH BENEFITS
(a) Length of employment before coverage under basic plan starts: ________
(b) Are family and spousal coverage offered under your basic health benefits plan?
   ❑ Yes, company pays ________% of premiums ❑ No
(c) Does your basic plan provide coverage to retirees?
   ❑ Yes, company pays ________% of premiums ❑ No, company does not cover the premium cost
(d) Is there an age limit for retirement coverage?
   ❑ Yes, up to ________ years of age; or ❑ No age limit, coverage lasts until death

Indicate whether the following health benefits are included in your basic health plan:
❑ Routine dental: _____% covered; $______ annual max, or ❑ no max
❑ Restorative dental: ____% covered; $______ annual max, or ❑ no max
❑ Orthodontics: ____% covered; $______ lifetime max, or ❑ no max
❑ Eye care: $___________ every ________ years
❑ Fitness club subsidy (offsite), $__________ annual max
❑ Prescription drugs ❑ Basic fertility treatment (IUI)
❑ IVF treatments, $_______ lifetime max ❑ Employee assistance plan (EAP)
❑ Semi-private hospital room ❑ Medical equipment and supplies
❑ Medical travel insurance ❑ Massage (RMT) therapy
❑ Chiropractor ❑ Osteopathy
❑ Podiatrist ❑ Acupuncture
❑ Naturopathy ❑ Nutrition planning
❑ Home care ❑ Physiotherapy

Please describe any other health and wellness initiatives that your organization manages in-house, e.g. mental health strategy, wellness committee.
TRAINING & PROFESSIONAL DEVELOPMENT

In what ways does your company support local horticultural education programs?

Please indicate the annual amount spent on training, per full-time employee: $ ______________

Does your organization offer any of the following continuing education and professional development programs:

❑ Tuition subsidies for courses related to an employee’s current position:
  _______% of tuition. Annual max: $ __________

❑ Tuition subsidies for courses not related to an employee’s current position:
  _______% of tuition. Annual max: $ __________

❑ Subsidies for professional association memberships

❑ Apprenticeship and skilled trades training programs

❑ Peer to Peer Network

❑ Financial bonuses for completion of professional accreditations and development courses (please describe).

❑ In-house training programs (please describe).

❑ Online training programs (please describe).