

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 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:

- | | | | |
|---------------------|--|--|------------------------------|
| Salaried pay | <input type="checkbox"/> All employees | <input type="checkbox"/> Some employees only | <input type="checkbox"/> N/A |
| Lieu time | <input type="checkbox"/> All employees | <input type="checkbox"/> Some employees only | <input type="checkbox"/> N/A |
| Overtime pay | <input type="checkbox"/> All employees | <input type="checkbox"/> Some employees only | <input type="checkbox"/> N/A |
| Profit-sharing plan | <input type="checkbox"/> All employees | <input type="checkbox"/> Some employees only | <input type="checkbox"/> N/A |

Year-end bonuses for:

- | | |
|--|---|
| <input type="checkbox"/> All positions | Last year's range, from: \$ _____ to \$ _____ |
| <input type="checkbox"/> Some positions only | Last year's range, from: \$ _____ to \$ _____ |
| <input type="checkbox"/> 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

LANDSCAPE ONTARIO EMPLOYER OF CHOICE AWARDS



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:

- | | | | |
|--|-----------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Seasonal labourer | Range, from: \$ _____ to \$ _____ | <input type="checkbox"/> Salary | <input type="checkbox"/> Hourly |
| <input type="checkbox"/> Lead hand | Range, from: \$ _____ to \$ _____ | <input type="checkbox"/> Salary | <input type="checkbox"/> Hourly |
| <input type="checkbox"/> Foreman | Range, from: \$ _____ to \$ _____ | <input type="checkbox"/> Salary | <input type="checkbox"/> Hourly |
| <input type="checkbox"/> Manager | Range, from: \$ _____ to \$ _____ | <input type="checkbox"/> Salary | <input type="checkbox"/> Hourly |
| <input type="checkbox"/> Lead hand | Range, from: \$ _____ to \$ _____ | <input type="checkbox"/> Salary | <input type="checkbox"/> 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:

- | | |
|--|--|
| <input type="checkbox"/> Routine dental: ____% covered; \$_____ annual max, or <input type="checkbox"/> no max | |
| <input type="checkbox"/> Restorative dental: ____% covered; \$_____ annual max, or <input type="checkbox"/> no max | |
| <input type="checkbox"/> Orthodontics: ____% covered; \$_____ lifetime max, or <input type="checkbox"/> no max | |
| <input type="checkbox"/> Eye care: \$_____ every _____ years | |
| <input type="checkbox"/> Fitness club subsidy (offsite), \$_____ annual max | |
| <input type="checkbox"/> Prescription drugs | <input type="checkbox"/> Basic fertility treatment (IUI) |
| <input type="checkbox"/> IVF treatments, \$_____ lifetime max | <input type="checkbox"/> Employee assistance plan (EAP) |
| <input type="checkbox"/> Semi-private hospital room | <input type="checkbox"/> Medical equipment and supplies |
| <input type="checkbox"/> Medical travel insurance | <input type="checkbox"/> Massage (RMT) therapy |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Osteopathy |
| <input type="checkbox"/> Podiatrist | <input type="checkbox"/> Acupuncture |
| <input type="checkbox"/> Naturopathy | <input type="checkbox"/> Nutrition planning |
| <input type="checkbox"/> Home care | <input type="checkbox"/> 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).