



To be considered for Landscape Ontario's **Employer of the Year Award** 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.

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.

<b>Signature:</b>	
<b>Date:</b>	



**CONTACT INFORMATION**

<b>Company Name:</b>			
<b>Contact Name:</b>			
<b>Contact Job Title:</b>			
<b>Email:</b>			
<b>Address:</b>			
<b>City:</b>		<b>Postal Code:</b>	
<b>Phone:</b>		<b>Website:</b>	
<b>WSIB Account #:</b>			<b>Company Start Date:</b>

**PAYMENT INFORMATION**

<b>Card Number:</b>			
<b>Expire Date:</b>		<b>Name on Card:</b>	

**APPLICATION 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 the Landscape Ontario Horticultural Trades Association. List any volunteer positions, events attended etc.



Do your employees receive paid time off to volunteer?

- YES
- NO

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
- NO

If yes, how often?

- 6 months
- 12 months
- 18 months
- 24 months

If no, how do you determine if salary levels in your organization are competitive?

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

	All Employees	Some Employees	N/A
Salaried Pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lieu Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overtime Pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Profit Sharing Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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# EMPLOYER OF THE YEAR AWARD



Year-end Bonuses:

	Starting Range	End Range	N/A
<b>All positions</b>	\$	\$	<input type="checkbox"/>
<b>Some Positions</b>	\$	\$	<input type="checkbox"/>

Do you offer a defined-benefit pension plan?

- YES
- NO

If yes, what percentage of salary does the employer contribute?

Do you offer a defined-contribution pension plan?

- YES
- NO

If yes, what percentage of salary does the employer contribute?

Do you offer a Matching RSP plan?

- YES
- NO

If yes, what percentage of salary does the employer contribute?

Do you offer a Non-Matching RSP plan?

- YES
- NO

If yes, what percentage of salary does the employer contribute?

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# EMPLOYER OF THE YEAR AWARD



Do you offer a Basic RSP plan with payroll deductions, but no employer contributions?

- YES
- NO

Do you offer Life & Disability insurance ?

- YES
- NO

Do you offer Employee Referral Bonus

- YES
- NO

If yes,

Min \$		Max \$	
--------	--	--------	--

Do you offer Discounted insurance?

- YES
- NO

Do you offer Corporate discounts at retailers, etc.

- YES
- NO

Do you offer low-interest home loans?

- YES
- NO

Do you offer discounted auto lease rates?

- YES
- NO

Do you offer subsidized home internet?

- YES
- NO



Do you offer discounted company products or services?

- YES
- NO

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

	# of Days off
<b>Statutory Holidays</b>	
<b>Holiday Closures</b>	
<b>Paid Sick Days</b>	
<b>Short Term Disability (with drs note)</b>	
<b>Personal Days Off</b>	

Describe your company's dress code:

- Company provided clothing
- Company clothing at employees expense
- Dress-for-your-day (no uniforms)

# of Employees

Full Time Employees	
Part Time Employees	

Longest number of years any employee has worked for your company

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Describe the payment range for your employees

	Start Range	End Range	Salary	Hourly
Seasonal	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hand	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Foreman	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Manager	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hand	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>

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 and Safety Committee?

- YES
- NO

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?

- YES
- NO

If yes, please explain





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

- YES
- NO

If yes, please explain

### HEALTH BENEFITS

Length of employment before coverage under basic plan starts:

Are family and spousal coverage offered under your basic health benefits plan?

- YES
- NO

If yes, what percentage of the premiums is paid by the company?

Does your basic plan provide coverage to retirees?

- YES
- NO

If yes, what percentage of the premiums is paid by the company?

Is there an age limit for retirement coverage?

- YES
- NO - coverage lasts until death

If yes, up to what age?



Indicate whether the following health benefits are included in your basic health plan:

- |  |   |
|--|---|
| <input type="checkbox"/> Routine Dental                  | <input type="checkbox"/> Podiatrist                     |
| <input type="checkbox"/> Restorative Dental              | <input type="checkbox"/> Naturopathy                    |
| <input type="checkbox"/> Orthodontics                    | <input type="checkbox"/> Home Care                      |
| <input type="checkbox"/> Eye Care                        | <input type="checkbox"/> Employee Assistance Plan (EAP) |
| <input type="checkbox"/> Fitness Club Subsidy            | <input type="checkbox"/> Medical Equipment & Supplies   |
| <input type="checkbox"/> Prescription Drugs              | <input type="checkbox"/> Massage Therapy (RMT)          |
| <input type="checkbox"/> IVF Treatment                   | <input type="checkbox"/> Osteopathy                     |
| <input type="checkbox"/> Basic Fertility Treatment (IUI) | <input type="checkbox"/> Acupuncture                    |
| <input type="checkbox"/> Semi-private Hospital Room      | <input type="checkbox"/> Nutrition Planning             |
| <input type="checkbox"/> Medical Travel Insurance        | <input type="checkbox"/> Physiotherapy                  |
| <input type="checkbox"/> Chiropractor                    |   |

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

## TRAINING AND 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:

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# EMPLOYER OF THE YEAR AWARD



% of Tuition		Annual Max:	
<input type="checkbox"/> Tuition subsidies for courses not related to an employee's current position:			
% of Tuition		Annual Max:	
<input type="checkbox"/> Subsidies for professional association memberships			
<input type="checkbox"/> Apprenticeship and skilled trades training programs			
<input type="checkbox"/> Peer to Peer Network			
<input type="checkbox"/> Financial bonuses for completion of professional accreditations and development courses (please describe):			
<input type="checkbox"/> In-house training programs (please describe):			
<input type="checkbox"/> Online training programs (please describe):			