Questionnaire for the Annual Survey of Employer Benefits

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|--|--|--------|--------|----------------|-------------------|--------|
| Workforce Related Questions | | | | | | |
| How many people did you hire in the last six months? | | | | | | |
| If you have experienced layoffs in the last six months, how many workers were involved? | | | | | | |
| How do you anticipate total employment at your location changing in the remainder of this year? | OIncreas | se ODe | crease | O Remain the S | Same O Don't Knov | V |
| If you answered "Decrease," how many employees will be involved? | | | | | | |
| If you answered "Increase," how many employees do you intend to hire? | | | | | | |
| How do you anticipate total employment at your location to change next year? | OIncreas | se ODe | crease | Remain the S | Same O Don't Knov | v |
| If you answered "Decrease," how many employees will be involved? | | | | | | |
| If you answered "Increase," how many employees do you intend to hire? | | | | | | |
| What is your annual turnover (as percentage of workforce)? | | | | | | |
| How has the pandemic economy affected your employment levels? | ○ No impact ○ Layoffs ○ Furloughs ○ Delay filling open positions ○ Employees have more flexibility to work from home ○ Employment has grown | | | | | |
| Does or will your organization require employees to receive a COVID 19 vaccination as it is available? | ○ Yes | ○ No | | | | |
| Does or will your organization offer financial or other incentive to encourage employees to receive the vaccine? | O Yes | ○ No | | | | |

| What are the three most critical job-specific skills workers must possess to ensure success in the workplace? (e.g. welding skills, quality skills, customer service skills, others) | | | | | | |
|--|---|--|--|--|--|--|
| What are the two most needed software or technology skills workers must possess to be effective on the job (e.g. Excel,AutoCAD,Office,Outlook,others)? | | | | | | |
| What jobs/positions are most difficult to fill? | | | | | | |
| What degrees or certifications do you require or prefer workers to possess? | | | | | | |
| How so you address hiring in a low unemployment environment? Select all that apply. | Relax previous policies for drug testing Hiring persons with disabilities Expanding internship programs Hiring felons Hiring individuals without a high school diploma Increased starting wages Provide a hiring bonus Provide a referral bonus Provide a retention bonus Offering housing assistance Offering childcare assistance | | | | | |
| Does your organization use any of the following recruitment strategies? Select all that apply. | On-line Job Boards Job Fairs Newspaper and other print classified ads Employee Referrals Community and Private Employment Agencies IndianaCareerConnect.com Ascend Indiana IndianaIntern.net High School CTE Programs Jobs for America's Graduates | | | | | |
| Does your company have interns? | ○ Yes ○ No | | | | | |
| Would you like to be contacted about support for recruiting and placing interns? | ○ Yes ○ No | | | | | |
| If employee training resources (full or partial reimbursement) become available to deliver workplace training, would you be interested in | ○ Yes ○ No | | | | | |

| If yours is an Indiana company, would you like a State Workforce Business Consultant to contact you to assist you with State Workforce employer services? | ○ Yes ○ No | | | | |
|---|---|---------------|---------------|--|--|
| General Pay Practices | | | | | |
| What percent wage/salary increase was granted to employees over the last 12-month period? | % | | | | |
| What percent wage/salary increase do you anticipate giving your employees over the next 12-month period? | % | | | | |
| What is the approximate cost of benefits as a percent of wages/salaries? | % | | | | |
| Drug Screening Policies | | | | | |
| Does your company do drug screening? | ○ Yes ○ No | | | | |
| My company requires new hires to pass drug screening | Hourly: O Yes O No Salary: O Yes O No | | | | |
| My company screens existing employees: | | Hourly | Salary | | |
| | Randomly | ○ Yes ○ No | ○ Yes ○ No | | |
| | After Injury | ○ Yes ○ No | ○ Yes ○ No | | |
| | For Cause | ○ Yes ○ No | ○ Yes ○ No | | |
| What screening protocol is used? | ☐ Five Panel ☐ Seven Panel ☐ DOT ☐ Other | | | | |
| Employees who fail are: | | Hourly | Salary | | |
| | Dismissed | ○ Yes ○ No | ○ Yes ○ No | | |
| Referred to an EAP or counseling program | | ○ Yes ○ No | ○ Yes ○ No | | |
| Marijuana Policies | | | | | |
| With conflicting state laws in the region, does your organization screen for marijuana usage? | ○ Yes ○ No | | | | |
| If yes, when? | As part of pre-employment or hiring process For cause and/or after incident | | | | |
| Are allowances made for valid medical prescriptions? | ○ Yes ○ No | | | | |

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