



Application

Note: This is for reference only. You must submit the application online at www.mawow.org

Business and Applicant Identification	
Business Name (Legal entity)	
Business Address Street, City, State, Zip	
Contact Name	
Contact Title	
Phone	
Email	
Business Characteristics	
Industry Type	<input type="checkbox"/> Agriculture, Forestry, Fishing <input type="checkbox"/> Mining <input type="checkbox"/> Real Estate, Rental, and Leasing <input type="checkbox"/> Professional Services <input type="checkbox"/> Utilities <input type="checkbox"/> Management of Companies <input type="checkbox"/> Administrative and Support Services <input type="checkbox"/> Educational Services <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retail Trade <input type="checkbox"/> Construction <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transportation and Warehousing <input type="checkbox"/> Accommodation and Food Services <input type="checkbox"/> Finance and Insurance <input type="checkbox"/> Arts, Entertainment, and Recreation <input type="checkbox"/> Public Administration <input type="checkbox"/> Health Care and Social Assistance <input type="checkbox"/> Information <input type="checkbox"/> Other Services, e.g., repair, personal, laundry or

	cleaning services <input type="checkbox"/> Other _____
Type of business	<input type="checkbox"/> For profit <input type="checkbox"/> Non profit <input type="checkbox"/> Government
Does your business currently provide health insurance to your employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Workforce Characteristics	
Number of employees	_____ # Full Time Permanent _____ # Part Time Permanent _____ Contracted/Temp to Perm/Temp _____ TOTAL
Do you have employees who work at different physical locations? If Yes, how many locations? (Exclude home based workers)	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Number of work locations
Do the majority of your employees work in MA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the organization's turnover in 2014	_____ % involuntary _____ % voluntary
What percentage of your employees earn \$13.50 or less per hour (150% of the Massachusetts minimum wage)?	_____ %

<p>Which of the following types of workers do you employ in your organization?</p>	<p>(Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> building and grounds <input type="checkbox"/> transportation (truck, taxi, bus drivers, train operators) <input type="checkbox"/> port workers <input type="checkbox"/> security guards <input type="checkbox"/> parking-lot attendants <input type="checkbox"/> nurse's aides and home health-care aides <input type="checkbox"/> child-care workers and educational assistants <input type="checkbox"/> maids and porters <input type="checkbox"/> call-center workers <input type="checkbox"/> bank tellers <input type="checkbox"/> data-entry keyers <input type="checkbox"/> food preparation and food service workers <input type="checkbox"/> waiters and waitresses <input type="checkbox"/> cashiers and retail associates <input type="checkbox"/> pharmacy assistants <input type="checkbox"/> hair dressers and manicurists <input type="checkbox"/> hotel receptionists and clerks <input type="checkbox"/> ambulance drivers <input type="checkbox"/> poultry, fish and meat processors <input type="checkbox"/> fisherman <input type="checkbox"/> agricultural workers <input type="checkbox"/> sewing-machine operators <input type="checkbox"/> laundry and dry-cleaning operators <input type="checkbox"/> none of the above
<p>Describe the racial/ethnic diversity within your workforce. (Enter a percentage for each category)</p>	<p>_____ % Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.</p> <p>_____ % White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p> <p>_____ % Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.</p> <p>_____ % Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p>_____ % Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent,</p>

	<p>including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p>_____ % American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.</p> <p>_____ % Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.</p> <p>_____ % Don't know</p>
Existing Health and Safety Programs	
<p>Please select the statement that best reflects employee safety in your organization.</p>	<p><input type="checkbox"/> We have an active, well-managed program with a clear process for injury reporting and preventing future incidents.</p> <p><input type="checkbox"/> We have a loosely coordinated safety program; we discuss employee safety but there are no written policies and procedures.</p> <p><input type="checkbox"/> We have no employee safety program.</p>
<p>Does your organization set annual objectives for employee safety?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Does your organization have a safety committee or safety coordinator?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Has your company had any OSHA violations in the past 5 years?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Please select the rating that best reflects your organization's worksite health promotion program during the past year.</p>	<p>Circle one response: 1=None 2=Partial or limited 3=Already in place</p> <p>1. A documented strategic plan for the program 1 2 3</p> <p>2. Annual budget for wellness expenditures 1 2 3</p> <p>3. Designated wellness champion 1 2 3</p>

	<p>4. Wellness communication and marketing plan 1 2 3</p> <p>5. Opportunity for employees to learn personal health risk status—screenings, health risk appraisal surveys 1 2 3</p> <p>6. Opportunity for employees to give input on program focus—needs and interest surveys, wellness committee or focus groups 1 2 3</p> <p>7. Health education and awareness—health messages, classes, online learning, etc. 1 2 3</p> <p>8. Behavior change activities—coaching, skills practice, etc. 1 2 3</p> <p>9. Supportive environment and policies—e.g. healthy catering or vending policy, spaces for movement or exercise, etc. 1 2 3</p> <p>10. Financial incentives for participation in wellness programs (e.g., subsidized gym memberships, health insurance premium discounts, gift cards, raffles) 1 2 3</p> <p>Check Yes or No: 11. We currently have no worksite health promotion programs. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Has your business ever applied for or received the Massachusetts Small Business Tax Credit?</p>	<p><input type="checkbox"/> Yes, applied and received seal of approval in _____(years)</p> <p><input type="checkbox"/> Yes, applied but did not receive seal of approval in _____(years)</p> <p><input type="checkbox"/> No, never applied for the tax credit</p> <p><input type="checkbox"/> Do not know</p>

Please read each statement separately and circle one response.

1. Senior leadership is willing to dedicate financial resources to Working on Wellness.
Strongly Disagree | Disagree | Agree | Strongly Agree | Don't Know
2. Senior leadership is willing to dedicate staff time to Working on Wellness.
Strongly Disagree | Disagree | Agree | Strongly Agree | Don't Know
3. Senior leadership is proactive about making changes when problems are identified.
Strongly Disagree | Disagree | Agree | Strongly Agree | Don't Know
4. The organizational culture often encourages all employees to get involved in making decisions about health and safety topics.
Strongly Disagree | Disagree | Agree | Strongly Agree | Don't Know
5. Employees are willing to participate in Worksite Health Promotions activities.
Strongly Disagree | Disagree | Agree | Strongly Agree | Don't Know
6. Most employees at my company could take time to participate in a group-based program.
Strongly Disagree | Disagree | Agree | Strongly Agree | Don't Know
7. Within my organization, management communicates frequently about all resources, programs and policies affecting the workforce.
Strongly Disagree | Disagree | Agree | Strongly Agree | Don't Know

Signature:

I the undersigned, certify that the statements contained herein are true and complete to the best of my knowledge and, if awarded, agree to accept the terms of Working on Wellness.

Date