

# EP/HR AUDIT REGISTRATION INFORMATION

**COMPANY NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
 \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

**COMPANY CONTACT** \_\_\_\_\_

**Audit Completion Instructions:** In order for the audit to be properly scored please respond to **all** questions. Failure to answer any questions will result in a “null” entry. If you have any comments to add to any question please refer to Section Number 16 at the end of the audit for general commentary.

Several questions have space available directly at the point of the question. Your cooperation will provide to you the most comprehensive results possible. Please take the time to complete the form in its entirety.

Company Size	0 One
Less than 25	
25-74	
75-149	
150-500	
Over 500 (specify)	

HR Department Size	0 One
No Regular Person Assigned	
Internal Part Time Staff	
HR is Outsourced	
Two or Less Staff	
Three or More Staff	
Other _____	

ALL HR Working Titles	0
Vice President/Asst. VP	
HR Director	
HR Manager	
HR Administrator	
HR Representative	
HR Specialist or Consultant	
Any Other _____	

Business/Industry	0 One
Agriculture, Forestry, Fishing	
Manufacturing (Non-Durable Goods)	
Manufacturing (Durable Goods)	
Transportation	
Utilities	
Wholesale Retail Trade	
Finance	
Insurance	
Services (Profit)	
Services (Nonprofit)	
Health	
Real Estate	
Education Services	
Government	
Construction - Mining	
Oil - Gas	
Library – Corporate/Public Academic	
Publishing - Newspaper	
Independent Consultant	
Other _____	

Section 1 – Company Base Description	General Information	Yes	No
<b>BRIEFLY OUTLINE YOUR COMPANY’S GENERAL WORK SCHEDULE:</b>			
Considers the company to work a standard work week of M-F, 9:00am to 5:00pm			
Operation is in effect on weekends and/or regularly recognized holidays			
Company operation exceeds a normal 8 hour work day and may run 24 hour/day schedule			
Workers may be required to work overtime			
<b>Other (specify)</b>			
Do you employ part-time employees?			
If yes, do your employees work less than:			
<b>Select One only</b>	17.5 hours per week or less		
	More than above but less than 21 hours per week		
	More than 20 but less than 39 hours per week		
Your company is involved in a PEO relationship			
Do you have company/employee operations in multiple states			
<b>If yes, (specify)</b>			
Are your employment matters dealt with at a Centralized Human Resources Department			
Regarding applicants, does your company utilize a single preprinted application form			
Does your company have a contract relationship with any governmental body			
If yes, please identify the numbers of years you have had such a relationship:			
	0-1 years		
	More than 1 less than 3 years		
	3 years but less than 5 years		
	5 years but less than 10 years		
	Over 10 years		
Are you aware of the demographics of your workforce in relationship to gender, race, etc.			
As a rule of thumb do you or have you conducted any sort of employee attitude survey on a regular basis			
<b>IN THE CURRENT STATE OF AFFAIRS, IF SURVEYED, YOUR EMPLOYEES WOULD RATE THEIR JOB SECURITY AS:</b>			
<b>Select One only</b>	Secure for the most part		
	Not really sure		
	Concerned about their job security		
Does your firm’s <b>General Liability</b> coverage cover losses from employment- related claims			

Section 2 – Employee , Selection, and Hiring Strategies	General Information	Yes	No
Your general practice is that you will accept applications and/or resumes even when no vacancies exist and or the position has not been advertised outside your company			
Do you respond to unsolicited job inquires and resumes			
Do you recognize in any form to unsolicited applicants your intentions with regard to their inquiry			
Have you employed a standard application for employment to be used by all applicants			
In the event that your company is not filling any positions, is it your practice to accept applications or conduct interviews.			

	<b>Recruitment Efforts</b>	<b>Yes</b>	<b>No</b>
<b>THERE ARE MANY SOURCES FROM WHICH TO RECRUIT EMPLOYEES. PLEASE INDICATE YOUR EFFORTS:</b>			
	<i>Local, Regional, or State Newspapers</i>		
	<i>Professional or Trade Journals/Magazines/Websites</i>		
	<i>Employment Agencies</i>		
	<i>A Governmental Recruiting Service</i>		
	<i>Trade or other Union Resource</i>		
	<i>Fellow Employee Suggestions</i>		
	<i>Educational Student Assist Services</i>		
	<i>Professional Search Firms</i>		
	<i>Formally Designed Job Fairs</i>		
	<i>Internet Service Providers</i>		
<b>Other (specify)</b>			
	Do you have or need to develop an Affirmative Action Plan		
	Employee bulletin boards clearly state to employees the company's willingness in matters of Equal Opportunity Employment		
	Do you use a centralized Human Resources Department to recruit new hires		

	<b>Interviewing Strategies</b>	<b>Yes</b>	<b>No</b>
<b>WITH REGARD TO GENERAL OPENINGS, WHO IS MOST LIKELY RESPONSIBLE TO SCREEN APPLICANTS INITIALLY:</b>			
	<b>Personnel/Human Resources Staff</b>		
	<b>The Direct Supervisor</b>		
	<b>A committee of Supervisors</b>		
	<b>Only Top Management</b>		
	<b>Some Outside Third Party Agent</b>		
<b>Other (specify)</b>			
	It is our practice to interview all applicants with more than one company representative/manager.		
	The interviewer is permitted to allow candidates to skip certain steps in screening as they see fit		
<b>YOUR COMPANY HAS PROVIDED TRAINING TO MANAGEMENT IN MATTERS OF:</b>			
	<i>Proper Interviewing techniques</i>		
	<i>Your corporation's goals, mission statement and operational policies</i>		
	<i>Appropriate questions for interview sessions</i>		
	<i>Managers duties regarding the Civil Rights Act and ADA</i>		
	Your company has designed a formal interview process including such things as interview questions		
	Candidates for vacancies are required to take pre-employment tests prior to hire		
<b>If yes, (indicate tests)</b>			
	Is it your practice for applicants to provide information in matters of arrest and/or conviction		
	Is an applicant's medical or mental history a part of your company's interview process		

	<b>Hiring</b>	<b>Yes</b>	<b>No</b>
	Do applicants not selected for employment receive notification about their non-selection		
	Do you provide applicants with the reason they were not selected for a position		
	Are successful candidates provided a company "offer letter" of some sort		
<b>TERMINATION FOR CAUSE IS IDENTIFIED IN ANY/ALL OF THE FOLLOWING:</b>			

<i>On company application forms</i>		
<i>In your Employee Handbook</i>		
<i>In/On Human Resources forms</i>		
<i>While being interviewed</i>		
<i>The matter is covered During indoctrination and/or orientation</i>		
Are family members permitted to be supervised by other family members within your company		

<b>Section 3 – Application Form</b>	<b>General Information</b>	<b>Yes</b>	<b>No</b>
Do you have an official employment application form that must be completed by all applicants			
Does your application form contain an “Employment-at-Will” statement			
Does your application contain reference to the applicant’s accuracy/truthfulness and understanding of the result of falsification that could be grounds for termination			
Does it contain permission from the applicant to conduct any tests			
<b><i>If yes, (Specify tests)</i></b>			

<b>Section 4 – Reference Checking</b>	<b>General Information</b>	<b>Yes</b>	<b>No</b>
Does your application form require information regarding a list of past employment			
Is the reason for leaving one’s past employment a part of your formal application			
<b>WHAT IF ANY PAST EMPLOYERS ARE CONTACTED:</b>			
		<b>All</b>	
		<b>Last 3 to 5 employers</b>	
		<b>Only last employer</b>	
		<b>None</b>	
Is it your company’s practice to provide personal references for former employees			
<b>IF YOU DO, WHICH OF THE FOLLOWING DO YOU PROVIDE:</b>			
<i>The former employee’s Date(s) of employment</i>			
<i>Their last Job title</i>			
<i>A written copy of their Job Description</i>			
<i>The employee’s reason for terminating their employment</i>			
<i>Any test scores</i>			
<i>Comments from customers, clients, and/or co-workers</i>			
<i>Supervisor(s) comments in matters of work performance</i>			
<i>General comments on behavior</i>			
<i>Information about claims or lawsuits filed by a separated employee</i>			

<b>WHEN REFERENCES FROM OTHERS IS REQUESTED, WHO IN YOUR ORGANIZATION IS ALLOWED TO RESPOND:</b>		
	<i>Human Resources Staff</i>	
	<i>The former employee’s supervisor</i>	
	<i>Senior management</i>	
	<i>Co-workers of the former employee</i>	
<b><i>Others (specify)</i></b>		

Section 5 – Employee Handbook	General Information	Yes	No
<b>IN THE EVENT THAT YOUR COMPANY HAS AN EMPLOYEE HANDBOOK, DOES IT USE:</b>			
<i>The word/term “probationary” period(s)</i>			
<i>Any inference that the position is “permanent”</i>			
<i>Language that termination for “cause” or “just cause” is a part of the company’s process</i>			
<i>“promising future”</i>			
<i>The opportunity for “unlimited advancement” exists</i>			
<b>DOES YOUR HANDBOOK CONTAIN:</b>			
<i>A policy/guideline regarding Equal Employment Opportunity</i>			
<i>The company’s position relative to sexual harassment</i>			
<i>Your company’s labor relations philosophy</i>			
<i>The employee’s options in matters of complaints to management</i>			
<i>Overall disciplinary matters and/or resolutions</i>			
Does your handbook indicate that this listing of offenses is not all-inclusive			
The company’s clear procedure for progressive disciplinary action			
Do all employees have or access to or are given personal copies of the company’s employee handbook			
Is there a form of confirmation that an employee has received the employee handbook			
An “Employment-at-Will” disclaimer is contained in your handbook			

Section 6 – Anti Discrimination Issues	General Information	Yes	No
Do you have mandatory work hours for Saturday and or Sunday			
In the event that an employee’s religious beliefs prohibit work on the Sabbath exist, are their accommodations for such limitations			
Does a company dress code exist			
Is a company uniform required to be worn			
Have you been required by court order to remedy past discrimination practices			
A written policy concerning discrimination and racial harassment exists			

Section 7 – Sexual Harassment	General Information	Yes	No
There exists a written and published company commitment to a workplace-free of sexual harassment			
The company has a written procedure to investigate allegations of sexual harassment			
The company has a written position statement that prohibits a complainant from retaliation.			
As a normal course of employee and management training, regularly scheduled programs are held for employees and management alike.			
All allegations of sexual harassment are properly and judiciously handled to protect employee rights and privacy			

<b>Section 8 – Drug Free Workplace</b>	<b>General Information</b>	<b>Yes</b>	<b>No</b>
The company has a written and implemented policy as it pertains to drugs and alcohol use by its employees.			
In the event of a drug law conviction that occurred in the workplace, employees are required to inform management			
<b>EMPLOYEES FOUND IN VIOLATION OF YOUR DRUG ABUSE POLICY MAY BE:</b>			
	<i>Suspended</i>		
	<i>Terminated</i>		
<i>It is mandatory for the employee to attend a company sponsored Employee Assistance Program (EAP)</i>			
<i>Required to attend a public or private substance abuse or rehabilitation program</i>			
<b>Other (specify)</b>			
<b>IN MATTERS OF PRIVACY, DOES YOUR POLICY ALLOW COMPANY OFFICIALS TO SEARCH:</b>			
	<i>An employee while on duty and on the company premises</i>		
	<i>An employee's personal space, including a desk, or an employee work area</i>		
	<i>Personal property such as a vehicle while on company property</i>		
<b>ACCOMMODATIONS MADE FOR THOSE WHO VOLUNTARILY ENTER AND PARTICIPATE IN:</b>			
	<i>A company sponsored drug rehabilitation program or</i>		
	<i>A company sponsored alcohol rehabilitation program</i>		
Are employees terminated whose drug/alcohol use inhibits them from doing their job			
Does a labor union represent any of your company employees			
<b>REGARDING THE PREVIOUS QUESTION:</b>			
Is the union aware of and in agreement with your company drug/alcohol testing policy			
Are there any union expressed objections to your policy			
If objection(s) have been raised, has management attempted to resolve union concerns			
Have attempts failed to resolve differences resulted in managements desire to implement a policy in spite of			

<b>Section 9 – Infectious Diseases</b>	<b>General Information</b>	<b>Yes</b>	<b>No</b>
Does your firm have a specific policy on employee infectious diseases			
Has legal counsel been made aware of the policy and have recommended any modifications			
Are employees fully aware of your company's position with this policy			
Does the company sponsored health insurance policy/program cover Infectious-diseases claims			
Have you taken steps to ensure the confidentiality of medical records and information			

Section 10 – Job Performance	General Information	Yes	No
Are there written job descriptions for each job or position			
Is it your company's philosophy to conduct employee performance appraisals			
<b>YOUR COMPANY'S INTEREST AND DESIGN FOR THE USE OF EMPLOYEE PERFORMANCE APPRAISALS IS TO:</b>			
<i>Positively impact the individual's work productivity</i>			
<i>Determine gains in work from one period of time with a previous period of time</i>			
<i>Effectively establish a solid ground of communicate with an employee regarding improvements noted</i>			
<i>Be able to properly identify and reward the effective workforce participants</i>			
<i>Establish areas in need of improvement</i>			
<i>Establish grounds for implementing disciplinary action</i>			
<b>Other (specify)</b>			
<b>THOSE PRIMARILY RESPONSIBLE FOR THE IMPLEMENTATION OF THE COMPANY PERFORMANCE APPRAISAL PROGRAM ARE:</b>			
<b>The employee's immediate supervisor</b>			
<b>Select One only</b>	<b>All supervisors within the employee's department</b>		
	<b>Human Resources Office staff</b>		
	<b>Corporate management officials</b>		
	<b>Other (specify)</b>		
Is there a formal training program provided to supervisors on the subject of administrating performance appraisals			
<b>THE COMPANY MAINTAINS PERFORMANCE APPRAISALS IN:</b>			
<i>an the employee's personnel file</i>			
<i>In a separate file other than the employee's Human Resources record</i>			
<i>In a file maintained by the supervisor outside of the Human Resources office</i>			
<b>Other (specify)</b>			
<b>WHO HAS ACCESS AND AUTHORITY TO OBTAIN INFORMATION ABOUT AN EMPLOYEE'S PERFORMANCE:</b>			
<i>The individual employee</i>			
<i>The employee's immediate supervisor</i>			
<i>Any supervisor within the employee's department</i>			
<i>Any management personnel</i>			
<i>Legal Counsel and/or any other company representative professional and/or experts</i>			
<i>Prospective employers for former employees</i>			
<i>The Human Resources office staff</i>			
<b>Other (specify)</b>			

Section 11 – Termination Process	General Information	Yes	No
The company handbook outlines disciplinary policies and procedures			
The company's position regarding a system of progressive discipline for less serious infractions is included in the basic policy			
An employee's immediate supervisor has the authority to terminate an employee without consult with management or Human Resources			
Prior to final disposition, an employee has the opportunity to present a defense in matters of discipline			
Exit interviews are given to employees who may have been involuntarily terminated			
To ensure an employee's full benefit availability, the company has created a "termination checklist". This checklist is used for all terminated employees whether voluntary or involuntary			

Section 12 – Unemployment Issues	General Information	Yes	No
There are significant changes in employee turnover costs and Unemployment Insurance tax liabilities over the last 3-5 years			
If yes, you have identified the causes for these changes			
Management personnel are fully aware of Unemployment Insurance costs			
<b>MANAGERS HAVE BEEN TRAINED IN THE FOLLOWING UNEMPLOYMENT INSURANCE AREAS:</b>			
<i>Proper hiring and firing techniques</i>			
<i>Points to remember about appraisal management</i>			
<i>What's involved in creating positive employee relations</i>			
<i>Methods for properly handling an involuntary termination</i>			
<i>How to conduct a productive exit interview</i>			
<i>What is involved with claims administration</i>			
<i>How to prepare for case management and a hearing</i>			
<b>YOUR COMPANY UTILIZES A DISCIPLINARY PROCEDURE FOR UNSATISFACTORY EMPLOYEE PERFORMANCE. WHICH OF THE FOUR MOST COMMON IS USED AT YOUR COMPANY:</b>			
<i>Oral warnings</i>			
<i>Written warnings</i>			
<i>Disciplinary suspensions</i>			
<i>Termination</i>			
As a final element of an employee resignation do you conduct an exit interview and/or obtain a "resignation statement"			

Section 13 – Leaves of Absences	General Information	Yes	No
<b>YOUR COMPANY'S LEAVE POLICY ALLOWS FOR LEAVE ON THE FOLLOWING REASONS:</b>			
<i>The birth of a child and in order to care for that child</i>			
<i>The adoption or placement in foster care of a child</i>			
<i>The care of a spouse, child or parent who has a "serious health condition"</i>			
<i>The employee's own "serious health condition" that render him/her unable to perform the functions of his/her position</i>			
Do you require employees to provide you with advance notice of a leave			
If yes, how much notice do you require			
<b>No more than 4 days</b>			
<b>At least 1 work week</b>			
<b>Between 2 to 3 work weeks</b>			
<b>A minimum of 4 work weeks or 30 days</b>			
<b>Circumstances usually influence the amount of advance notice. There is nothing set.</b>			
The principles of the Family Medical Leave Act are included in your leave policy			
You require that employees provide you with the evidence of illness or otherwise document the reason for their requested leave			
Do you have a specific policy concerning pregnancy leave			
Do you have a specific policy concerning child care leave			
You have a policy concerning employees who enter military service or who are recalled for active duty status			

**Select One only**

Section 14 – Wage & Hour	General Information	Yes	No
Are independent contractors utilized for services within your company			
Some of your employees are excluded from the FLSA's minimum wage and/or overtime provisions because of their job classification or the type of work performed			
Federal and state wage and hour posters are visible throughout the workplace			
<b>YOUR COMPANY DETERMINES EXEMPT STATUS ON THE FOLLOWING BASIS:</b>			
<b>The individual employee's job classification</b>			
<b>The profession of the employee</b>			
<b>Is the employee paid on a salary or paid on a hourly basis</b>			
<b>Whether the employee agrees to exempt status</b>			
<b>Other (specify)</b>			
<b>SALARY DEDUCTIONS FROM EXEMPT EMPLOYEES ARE MADE BECAUSE:</b>			
<i>The employee is absent for less than a full day of work for personal reasons</i>			
<i>The employee has children medical or dental appointments that require absence from work for less than a full day</i>			
<i>The employee's discipline conference results in a suspension and is sent home</i>			
Do you allow employees to work before the start or after the completion of their normal scheduled workday			
Do you have a compensatory time off policy in lieu of paying overtime			
Do you employ individuals under the age of 18			
Do you discharge or take other disciplinary action against employees if you have to garnish their wages			
Do you discharge or take disciplinary action against employees if you have to withhold child support			

**Select One only**

Section 15 – Employee Benefits	General Information	Yes	No
<b>With respect to this section of the Employment Practices/HR Audit it is important to respond to the questions based upon the following parameter: the benefit is available to at least 50% of the employee population.</b>			
<b>PAID TIME OFF – (SICK TIME)</b>			
<b>Select One only</b>	We provide no benefit		
	Less than 5 days/year		
	More than 5 and less than 10 days/year		
	More than 10 days per year		
<i>Other (specify)</i>			
<b>PAID TIME OFF – (HOLIDAYS)</b>			
<b>Select One only</b>	<i>We provide no benefit</i>		
	Less than 5 days/year		
	More than 5 and less than 10 days/year		
	More than 10 days per year		
<i>Other (specify)</i>			
<b>PAID TIME OFF – (PERSONAL)</b>			
<b>Select One only</b>	We provide no benefit		
	Less than 5 days/year		
	More than 5 and less than 10 days/year		
	More than 10 days per year		
<i>Other (specify)</i>			

Section 15 – Employee Benefits (cont'd)	General Information	Yes	No
<b>PAID TIME OFF – (VACATION)</b>			
<b>Select One only</b>	No benefit provided		
	1 week or less		
	More than 1 week but no more than 2 weeks		
	More than 2 weeks		
<i>Other (specify)</i>			
Our firm provides FUNERAL (BEREAVEMENT) leave			
Does your firm have a policy which allows for JURY DUTY leave			
Does your firm have a MILITARY LEAVE policy			
Our company accommodates FAMILY leave			
<b>DISABILITY PROGRAMS (LTD/STD)</b>			
Our firm has a formal long term disability program			
Does your firm have a structured short term disability program			
<b>INSURANCE PROGRAMS (MEDICAL, DENTAL, VISION, LIFE) DOES YOUR COMPANY PROVIDE (ANSWER ALL):</b>			
Medical			
Dental			
Vision			
Life			
<b>OUR COMPANY'S CONTRIBUTION TOWARD OUR "EMPLOYEE ONLY" MEDICAL HEALTHCARE PREMIUM IS</b>			

<b>Select One only</b>	We do not contribute		
	We contribute 25% or less overall		
	We contribute more than 25% but not more than 50%		
	We contribute more than 50%but less than 75%		
	We contribute 75% or more		
<b>OUR COMPANY'S CONTRIBUTION TOWARD OUR "EMPLOYEE PLUS 1 (SPOUSE)" MEDICAL HEALTHCARE PREMIUM IS</b>			
<b>Select One only</b>	We do not contribute		
	We contribute 25% or less overall		
	We contribute more than 25% but not more than 50%		
	We contribute more than 50%but less than 75%		
	We contribute 75% or more		
<b>OUR COMPANY'S CONTRIBUTION TOWARD OUR "FAMILY" MEDICAL HEALTHCARE PREMIUM IS</b>			
<b>Select One only</b>	We do not contribute		
	We contribute 25% or less overall		
	We contribute more than 25% but not more than 50%		
	We contribute more than 50%but less than 75%		
	We contribute 75% or more		
<b>RETIREMENT PROGRAMS - DOES YOUR COMPANY PROVIDE (ANSWER ALL):</b>			
	A defined benefit program		
	A defined contribution plan/offering		
	A formal savings plan/other		
<b>RETIREMENT PROGRAMS (TAX DEFERRED ISSUES) DOES YOUR COMPANY PROVIDE (ANSWER ALL):</b>			
	A program with employer contributions		
	A program without employer contributions		
	An ESOP (Employee Stock Option Plan)		
<b>FAMILY SENSITIVE PROGRAMS - DOES YOUR COMPANY PROVIDE (ANSWER ALL):</b>			
	Child care		
	Adoption assistance		
	Long Term Care insurance		
<b>HEALTH PROMOTION PROGRAMS - DOES YOUR COMPANY PROVIDE (ANSWER ALL):</b>			
	Wellness		
	Employee Assistance Plans (EAP)		
	Fitness Center		
	Weight maintenance/reduction programs		
<b>MISCELLANEOUS PROGRAMS - DOES YOUR COMPANY PROVIDE (ANSWER ALL):</b>			
	Travel accident insurance		
	Educational Assistance		
	Severance pay plans		
	Supplemental unemployment		

**Section 16 – General Comment Supplement**