

VERMILION ADVANTAGE

***2010
Vermilion County
WAGE
and
EMPLOYMENT SKILLS
SURVEY***

HOURLY

*Return by March 15, 2010 to:
Vermilion Advantage
28 W. North Street
Danville, IL 61832*

Name of Company _____
 Product or Service _____
 Person completing survey _____ Title _____
 President/Manager of Company _____
 Telephone Number (_____) _____ Ext. _____
 Web Page _____
 e-mail _____

<p>HOURLY QUESTIONNAIRE</p>
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Would you like a copy of the final results of this survey? ___ Yes ___ No

Thank you for your participation!

Check primary category that best applies to your company's function.

___ Manufacturing ___ Distribution ___ Back Office/Customer Service ___ Service ___ Health Care ___ Education

Provide the information requested below using information as of January 1, 2010.

I. EMPLOYMENT

1. Fill in the number of **full-time** employees in each category.
 ___ Union ___ Non-Union
2. Fill in the number of **part-time** employees in each category.
 ___ Union ___ Non-Union
3. Fill in the number of **temporary** employees in each category.
 ___ From agency ___ Your own ___ Seasonal ___ Temp. to hire
4. What is the average length of temporary employment? (circle one) <30days <60days <90days >90days N/A
5. Which shift has the most temps? (circle one) 1st 2nd 3rd other N/A
6. Which of the following does your company have? (check all that apply)
 ___ Job sharing
 ___ home-based employee
 ___ flex hours
 ___ random drug testing
 ___ pre-employment drug testing
 ___ post-accident drug testing
 ___ reasonable cause drug testing
 ___ summer college interns
 ___ required H.S. diploma or GED
7. Estimated employee commuting distances - one way (percentages of total employment)
 less than 10 miles ___% 10-30 miles ___% 31-50 miles ___% more than 50 miles ___%
8. Rate of employee absenteeism (pure absenteeism; no FMLA) during the past 12 months (see definitions page to calculate avg.). ___ % ___ not tracked
9. Estimated rate of employee turnover during the past 12 months (see definitions page to calculate avg.). ___ %
10. What is the education level of the majority of your hourly employees?
 ___ % Less than GED/HS Diploma ___ % GED/HS Diploma
 ___ % Assoc. ___ % Bachelor's ___ % Master's ___ % Doctorate

II. OPERATIONS

Circle one:

1. Number of hours per shift: 7 7.5 8 10 12 Other/varies
2. Number of shifts per day: 1 2 3 Other
3. Number of days per week that operations are scheduled: 4 5 6 7
4. Do the number of shifts or number of hours per shift change throughout the year? Yes No
5. For multi-shift operations, what are the average hourly shift differentials for the:
 2nd shift____ 3rd shift____ Other____
6. Is your company facing any local issues or problems (labor related or otherwise) that you would like someone to contact you to discuss and offer possible assistance in resolving? Yes No

Union related:

7. Number of work stoppages (due to strike) that your business has had in the past year:
 _____locally initiated _____non-locally initiated
8. Aggregate down time that resulted from the work stoppage(s)
 _____days (local) _____days (non-local)
9. Number of grievances filed by employees in 2009? _____

III. BENEFITS

1. Check the appropriate column regarding employer contribution levels for the following benefits:

	FOR EMPLOYEE											
	None	1-9%	10-19%	20-29%	30-39%	40-49%	50-59%	60-69%	70-79%	80-89%	90-99%	100%
Pension Plan	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Group Life Insurance	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Health Insurance	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Dental Insurance	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Vision Insurance	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

	FOR EMPLOYEES' DEPENDENTS											
	None	1-9%	10-19%	20-29%	30-39%	40-49%	50-59%	60-69%	70-79%	80-89%	90-99%	100%
Pension Plan	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Group Life Insurance	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Health Insurance	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Dental Insurance	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Vision Insurance	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

III. BENEFITS (Cont.)

2. For the plan used by the majority of your employees, what is the total **MONTHLY** cost (in dollars) of benefits paid as the company's portion (**per employee**)?

	Employee only	Employee +1 (TOTAL amt.)	Employee + family (TOTAL amt.)
Health Insurance			
Optical			
Dental			

a) How much does the **employee** pay?

	Employee only	Employee +1 (TOTAL amt.)	Employee + family (TOTAL amt.)
Health Insurance			
Optical			
Dental			

3. What is the co-pay amount (in dollars) for doctors visits? _____ \$0 _____ \$1-\$10 _____ \$11-\$20
 _____ \$21-\$30 _____ \$31-40 _____ \$41-50 _____ other

4a. What is the co-pay amount (in dollars) for generic prescription drugs? _____ \$0 _____ \$1-\$10 _____ \$11-\$20
 _____ \$21-\$30 _____ \$31-\$40 _____ \$41-\$50 _____ other

4b. What is the co-pay amount (in dollars) for brand name prescription drugs? _____ \$0 _____ \$1-\$10
 _____ \$11-\$20 _____ \$21-\$30 _____ \$31-\$40 _____ \$41-\$50 _____ other

4c. What is the co-pay amount (in dollars) for non-preferred brand prescription drugs? _____ \$0 _____ \$1-\$10
 _____ \$11-\$20 _____ \$21-\$30 _____ \$31-\$40 _____ \$41-\$50 _____ other

5. For the plan used by the majority of your employees, what is the deductible (in dollars) for individual employees?
Check one each (health, dental, optical)

Health Insurance Deductible		Dental Insurance Deductible		Optical Insurance Deductible	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A
<input type="checkbox"/>	\$0	<input type="checkbox"/>	\$0	<input type="checkbox"/>	\$0
<input type="checkbox"/>	\$1-\$249	<input type="checkbox"/>	\$1-\$24	<input type="checkbox"/>	\$1-\$24
<input type="checkbox"/>	\$250-\$499	<input type="checkbox"/>	\$25-\$49	<input type="checkbox"/>	\$25-\$49
<input type="checkbox"/>	\$500-\$749	<input type="checkbox"/>	\$50-\$74	<input type="checkbox"/>	\$50-\$74
<input type="checkbox"/>	\$750-\$999	<input type="checkbox"/>	\$75-\$99	<input type="checkbox"/>	\$75-\$99
<input type="checkbox"/>	\$1,000+	<input type="checkbox"/>	\$100+	<input type="checkbox"/>	\$100+
<input type="checkbox"/>	other	<input type="checkbox"/>	other	<input type="checkbox"/>	other

6. For the plan used by the majority of your employees, what is the deductible (in dollars) for families?
Check one each (health, dental, optical)

Health Insurance Deductible		Dental Insurance Deductible		Optical Insurance Deductible	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A
<input type="checkbox"/>	\$0	<input type="checkbox"/>	\$0	<input type="checkbox"/>	\$0
<input type="checkbox"/>	\$1-\$249	<input type="checkbox"/>	\$1-\$24	<input type="checkbox"/>	\$1-\$24
<input type="checkbox"/>	\$250-\$499	<input type="checkbox"/>	\$25-\$49	<input type="checkbox"/>	\$25-\$49
<input type="checkbox"/>	\$500-\$749	<input type="checkbox"/>	\$50-\$74	<input type="checkbox"/>	\$50-\$74
<input type="checkbox"/>	\$750-\$999	<input type="checkbox"/>	\$75-\$99	<input type="checkbox"/>	\$75-\$99
<input type="checkbox"/>	\$1,000+	<input type="checkbox"/>	\$100+	<input type="checkbox"/>	\$100+
<input type="checkbox"/>	other	<input type="checkbox"/>	other	<input type="checkbox"/>	other

III. BENEFITS (Cont.)

7. For the plan used by the majority of your employees, in the event of a major medical event, what is the annual maximum out of pocket expense (in dollars) incurred by employees? \$ _____ individual \$ _____ family
8. For the plan used by the majority of your employees, what is the average waiting period for new employees to qualify for benefits?
 _____ immediate/no waiting _____ 1-30 days _____ 31-60 days _____ 61-90 days _____ over 90 days
9. What is the estimated average employer dollar contribution for benefits as a percentage of wages? _____
10. Which of the following does your company have: (check all that apply)

- _____ PPO
- _____ HMO
- _____ Other Health Insurance
- _____ Short-term disability insurance
- _____ Long-term disability insurance
- _____ Long-term care insurance
- _____ Wellness program
- _____ Out-placement service
- _____ Employee assistance program (i.e. drug or alcohol)
- _____ Flex spending account
- _____ 401K/Savings plan
- _____ Profit sharing plan
- _____ Stock purchase plan
- _____ Pension plan
- _____ Supplier purchase programs
- _____ Employee discounts
- _____ Computer purchase programs
- _____ Cafeteria style benefits program

11. Circle the name(s) of the insurance company(s) your organization uses for:

Health	Dental	Optical	Prescription
N/A	N/A	N/A	N/A
PersonalCare	Metlife	Vision Service Plan	PersonalCare
Health Alliance	Delta Dental	Health Alliance	Health Alliance
BCBS IL	BCBS IL	BCBS IL	BCBS IL
Self Insured	Guardian	PersonalCare	Advance PCS
Other	Other	Other	Other

12. How many **paid** personal and sick days do you offer employees?
 _____ Personal _____ Sick _____ Holidays per year (including birthday if applicable)
 _____ We do not track Personal time _____ We do not track Sick Time

13. How many years of employment are needed to qualify for various vacation periods?

- Number of years for _____ 1 week _____ 4 weeks
 _____ 2 weeks _____ 5 weeks
 _____ 3 weeks

14. How many years of employment are needed for an employee to be 100% vested in their 401K: _____ years

15. If you have a pension plan, at what age can an employee retire and draw 100% of his retirement benefits: _____

16. Do you provide uniforms to your employees? **(circle one)** Yes No
17. If yes, what is the company's share? _____%
18. Does your company have a performance pay or incentive bonus plan? _____ Yes _____ No
 If yes, how often is it administered? _____ Annually _____ Semi-annual _____ Quarterly
 _____ Bi-monthly _____ Monthly _____ Weekly _____ Other
19. Do you have employee award/recognition/incentive program(s)? **(circle)** Yes No
 If yes, please **check all that apply**:
- _____ Attendance
 - _____ Cost savings program
 - _____ Employee of month/quarter/year
 - _____ Employee's awarded for ideas that are implemented
 - _____ Performance Awards
 - _____ Safety Awards
 - _____ Service Awards
 - _____ Holiday bonus
 - _____ Continuing Education Reimbursement
 - _____ Other

IV. RECRUITING

1. How do you hire or recruit most of your hourly employees? (check all that apply)
- _____ Employee referral
 - _____ Temp firm/employment agency
 - _____ Newspaper ads
 - _____ Radio ads
 - _____ Internet recruiting
 - _____ College graduate recruiting
 - _____ 442jobs.com
 - _____ DACC Work Keys
 - _____ IDES
 - _____ Other

V. WAGES

Complete for all hourly employees employed by your company. Include in the general job categories listed below by using the enclosed IDES Mini Descriptions of wage earner titles as a guide. **For hourly, indicate the wage per hour amount. Wage amounts should not include fringe benefits, shift differentials, etc. Please fill out all 3 wage columns. YOU MUST INCLUDE AT LEAST THE ENTRY AVERAGE AND THE MAXIMUM, OR YOUR WAGE ENTRIES WILL NOT BE INCLUDED IN THE SURVEY.**

<u>JOB TITLE</u>	<u># positions available next 2 years Jan. 2010-Jan. 2012</u>	<u>ENTRY AVG.</u>	<u>ACTUAL AVG.</u>	<u>MAXIMUM AVG.</u>
Administrative Assistant/Secretary	_____	_____	_____	_____
Assembler – Electronic/ Electrical-control	_____	_____	_____	_____
Assembler - Production	_____	_____	_____	_____
Bookkeeper/ Accounting/ Audit Clerks	_____	_____	_____	_____
Bus Driver	_____	_____	_____	_____
Claims Representative	_____	_____	_____	_____
Cleaner/Custodian (includes	_____	_____	_____	_____

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maids and housekeeping cleaners)

V. WAGES (Cont.)

<u>JOB TITLE</u>	<u># positions available next 2 years Jan. 2010-Jan. 2012</u>	<u>ENTRY AVG.</u>	<u>ACTUAL AVG.</u>	<u>MAXIMUM AVG.</u>
Clerk, Accounting				
Accounts Payable/Receivable				
Clerk, General Office				
Clerk, Loan/Credit				
Clerk, Mail				
Clerk, Medical				
Clerk, New Accounts				
Clerk, Payroll				
Clerk, Purchasing				
Clerk, Shipping/ Receiving/ Traffic				
Computer Engineers				
Computer Programmers				
Computer Systems Analysts				
Customer Service Representative				
Customer Service, Other				
Data Entry Keyers				
Dispatcher (Except Police/ Fire/ Ambulance)				
Drafter				
Drafter - Electronics				
Drafter - Mechanical				
Driver - Tractor-Trailer or Heavy Truck				
Education, Other				
Electrician				
Emergency Medical Technicians/ Paramedics				
Food Prep. Workers				
General Laborer				
Groundskeeper				
Help Center Problem Coordinator				
Home Health Aide				
Human Resource Assistant				
Inspector				
Journeyman/ Carpenter				
Licensed Practical Nurse				
Machine, Operators and Tenders				
Machine, CNC Operators and Tenders				
Machine, Set-up/ Setters				
Machinist				
Maintenance/ Repairers				
Manufacturing, Other				
Material Handler/ Loader				
Mechanic, Bus & Truck/ Diesel Specialists				
Mechanic, Industrial Machinery				
Mechanic, Other				
Medical & Clinical Lab Technologists				
Medical/ Health Care, Other				
Medical Records Technicians				
Medical Secretaries				
Millwright				

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2. What is the projected average salary increase in the next 12 months (2010)? ____%

VI. EDUCATION/TRAINING

1. Do you have pre-employment testing? **(Check all that apply)**

- _____ Work Keys
- _____ Pharmacology Assessment
- _____ Typing/Keyboarding
- _____ Math
- _____ Clerical testing
- _____ Behavioral
- _____ Other

2. Do you provide **(Check all that apply)**

- _____ College Incentive/Reimbursement/ Tuition assistance for employees
- _____ Paid college scholarship program for dependents

3. On a percentage basis, how much do you refund employees attending school on their own time? (circle one)
 None 1-49% 50-74% 75-99% 100%

4. Do you allow employees to attend college classes during their normal work hours? ____ Yes ____ No

5. What type (if any) of employee in-house training is regularly offered by your company? Please **check all that apply**:

- | | | | |
|--------------------|-------|----------------------|-------|
| Company Policy | _____ | Newcomer orientation | _____ |
| Computer | _____ | OSHA | _____ |
| Customer Service | _____ | Safety Training | _____ |
| Diversity | _____ | Stress Management | _____ |
| Financial planning | _____ | Supervisory | _____ |
| Human Resource | _____ | Time Management | _____ |
| Industry specific | _____ | CPR | _____ |
| Leadership | _____ | Other Health Related | _____ |
| Management | _____ | Other | _____ |

VII. WORK FORCE SKILLS

Rate the following characteristics of your current work force. See definitions of skills on Definition page. (circle correct response)

	Very Good	Good	No Opinion	Poor	Very Poor
1. Productivity	5	4	3	2	1
2. Work Ethic	5	4	3	2	1
3. Overall general skills of entry level workers	5	4	3	2	1
Reading for information	5	4	3	2	1
Applied Mathematics	5	4	3	2	1
Writing	5	4	3	2	1
Observation	5	4	3	2	1
Applied technology	5	4	3	2	1
Locating information	5	4	3	2	1
4. Labor Management Relationship	5	4	3	2	1

VIII. BUSINESS CLIMATE

Rate the following: (circle correct response)

	Very Good	Good	No Opinion	Poor	Very Poor
1. State of Illinois Business Climate	5	4	3	2	1
2. Your Community's Business Climate	5	4	3	2	1