

**VERMILION ADVANTAGE**

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

**SALARIED**

*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 \_\_\_\_\_

**SALARIED  
QUESTIONNAIRE**

Would you like a copy of the final results of this survey? \_\_\_ Yes \_\_\_ No

Thank you for your participation!

Check all categories that best apply 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: \_\_\_ Exempt \_\_\_ Non-exempt
2. Fill in the number of **temporary** employees in each category.  
 \_\_\_ From agency \_\_\_ Your own \_\_\_ Seasonal \_\_\_ Temp. to hire
3. What is the average length of temporary employment? (**circle one**) <30days <60days <90days >90days N/A
4. Which shift has the most temps? (**circle one**) 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> other N/A
5. Which of the following does your company have? (**check all that apply**)
  - \_\_\_ Job sharing
  - \_\_\_ home-based employees
  - \_\_\_ 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
6. Estimated employee commuting distances - one way (percentages of total employment)  
 less than 10 miles \_\_\_% 10-30 miles \_\_\_% 31-50 miles \_\_\_% more than 50 miles \_\_\_%
7. Rate of employee absenteeism (pure absenteeism; no FMLA) during the past 12 months (see definitions page to calculate avg.). \_\_\_% \_\_\_not tracked
8. Estimated rate of employee turnover during the past 12 months (see definitions page to calculate avg.) \_\_\_%
9. What is the education level of the majority of your salary 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
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. 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

## 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	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

2. For the plan used by the majority of your employees, what is the actual **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

### IV. BENEFITS (Cont.)

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
N/A	N/A	N/A
\$0	\$0	\$0
\$1-\$249	\$1-\$24	\$1-\$24
\$250-\$499	\$25-\$49	\$25-\$49
\$500-\$749	\$50-\$74	\$50-\$74
\$750-\$999	\$75-\$99	\$75-\$99
\$1,000+	\$100+	\$100+
other	other	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
N/A	N/A	N/A
\$0	\$0	\$0
\$1-\$249	\$1-\$24	\$1-\$24
\$250-\$499	\$25-\$49	\$25-\$49
\$500-\$749	\$50-\$74	\$50-\$74
\$750-\$999	\$75-\$99	\$75-\$99
\$1,000+	\$100+	\$100+
other	other	other

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

(Continued) Which of the following does your company have: **(check all that apply)**

- 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 to 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. 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

17. 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

## V. RECRUITING

How do you hire or recruit most of your salaried 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

**Salaried**

## VI. WAGES

Complete for all salary 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 salaried, give annual 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>
Accountant / Auditor	_____	_____	_____	_____
Administrator	_____	_____	_____	_____
Buyer	_____	_____	_____	_____
CEO/Director	_____	_____	_____	_____
CFO	_____	_____	_____	_____
Chemist	_____	_____	_____	_____
Computer Engineer	_____	_____	_____	_____
Computer Programmer	_____	_____	_____	_____
Computer Programmer – Numerical tool & process	_____	_____	_____	_____
Computer Systems Analyst	_____	_____	_____	_____
Controller	_____	_____	_____	_____
Customer Service Representative	_____	_____	_____	_____
Customer Service, <b>Other</b>	_____	_____	_____	_____
Database Administrator	_____	_____	_____	_____
Designer	_____	_____	_____	_____
Dietician/Nutritionist	_____	_____	_____	_____
Dispatcher- Except Police/ Fire/ Ambulance	_____	_____	_____	_____
Drafter	_____	_____	_____	_____
Education/ Teaching, <b>Other</b>	_____	_____	_____	_____
Electrician	_____	_____	_____	_____
Engineer	_____	_____	_____	_____
Engineer - Chemical	_____	_____	_____	_____
Engineer - Electrical/Electronic	_____	_____	_____	_____
Engineer - Mechanical	_____	_____	_____	_____
Engineer - Metallurgist	_____	_____	_____	_____
Executive Assistant	_____	_____	_____	_____
Firefighter	_____	_____	_____	_____
Funeral Director	_____	_____	_____	_____
Human Resource Assistant	_____	_____	_____	_____
Loan Officers/Counselors	_____	_____	_____	_____
Manager – Building, Facilities	_____	_____	_____	_____
Manager – Credit & Collections	_____	_____	_____	_____
Manager – Customer Service	_____	_____	_____	_____
Manager – Engineering	_____	_____	_____	_____
Manager – Finance	_____	_____	_____	_____
Manager – Medical & Health Service	_____	_____	_____	_____
Manager - Middle	_____	_____	_____	_____
Manager - Office	_____	_____	_____	_____
Manager - Personnel/Human Resources	_____	_____	_____	_____
Manager - Plant Operations	_____	_____	_____	_____
Manager - Purchasing	_____	_____	_____	_____
Manager - Quality Control	_____	_____	_____	_____
Manager - Sales	_____	_____	_____	_____

Salaried

# 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>
Manager – Transportation				
Manufacturing, <b>Other</b>				
Medical/Health Care				
Occupational Therapist				
Optometrist				
Pharmacist				
Physical Therapist				
Physician/Surgeon				
Physician Assistant				
Police Officer				
Plumber				
Professional, <b>Other</b>				
Registered Nurse				
Sales Representative (Inside)				
Sales Representative (Outside)				
Speech Pathologist & Audiologist				
Social Workers (except Medical & Psychiatric)				
Social Worker – Medical/ Psychiatric				
Supervisor-Clerical/ Administrative Support				
Supervisor - <b>Other</b>				
Supervisor (First line)				
Teacher Assistant / Aide				
Teacher Elementary				
Teacher, Secondary				
Teacher, Special Education				
Technician - Lab				
Technician – Mechanical Maintenance				
Vice President (Administration)				
Vice President (Marketing/Sales)				
Warehouse, <b>Other</b>				
<b>Other</b>				

1. What was the average salary increase over the last year (2009)? \_\_\_\_%
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     | <input type="checkbox"/> | Newcomer orientation | <input type="checkbox"/> |
| Computer           | <input type="checkbox"/> | OSHA                 | <input type="checkbox"/> |
| Customer Service   | <input type="checkbox"/> | Safety Training      | <input type="checkbox"/> |
| Diversity          | <input type="checkbox"/> | Stress Management    | <input type="checkbox"/> |
| Financial planning | <input type="checkbox"/> | Supervisory          | <input type="checkbox"/> |
| Human Resource     | <input type="checkbox"/> | Time Management      | <input type="checkbox"/> |
| Industry specific  | <input type="checkbox"/> | CPR                  | <input type="checkbox"/> |
| Leadership         | <input type="checkbox"/> | Other Health Related | <input type="checkbox"/> |
| Management         | <input type="checkbox"/> | Other                | <input type="checkbox"/> |

## 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