



**FAMILY
FRIENDLY**
NEW MEXICO

NMFAMILYFRIENDLYBUSINESS.COM

APPLICATION FOR FAMILY FRIENDLY BUSINESS AWARD

Your Information

Name*

First Last

Email*

Secondary Contact Email*

If we are unable to contact your company at the primary email address, we will use this email address.

Phone*

Job Title

Have you applied before?*

- No, this is my first time applying for the award
- Yes, I am renewing my application
- Yes, I am resubmitting my application

Business Information

From this point forward, when we say, "you", we are referring to your business.

Name of company*

Website*

Address*

Street Address

Address Line 2

City

New Mexico County

Zip Code

What is your primary industry?*

- Agriculture, Forestry, and Fishing
- Mining
- Utilities
- Construction
- Manufacturing
- Wholesale Trade
- Retail Trade
- Transportation and Warehousing
- Information (telecommunications, broadcasting, communications)
- Finance and Insurance
- Real Estate, Rental, and Leasing

- Professional, Scientific, and Technical Services (legal services, accounting, architects, public relations)
- Management of Companies and Enterprises
- Administrative and Support and Waste Management and Remediation Services
- Educational Services
- Health Care and Social Assistance
- Arts, Entertainment, and Recreation
- Accommodation and Food Services
- Other Services (religious organizations, personal care, automotive services, social advocacy, civic and social organizations, unions, political organizations, except public administration)
- Public Administration

Employee Information

How many part-time employees do you have?*

How many full-time employees do you have?*

What percentage of your workforce earns minimum Wage - \$10*

 %

What percentage of your workforce earns \$10 - \$14 per hour*

 %

What percentage of your workforce earns \$14 - \$20 per hour*

 %

What percentage of your workforce earns \$20 - \$30 per hour*

 %

What percentage of your workforce earns \$30 or more per hour*

 %

Previous Awards

Have you ever been recognized or received an award for the benefits you offer?

- No
- Yes

CATEGORY ONE: Paid Leave

Paid leave includes paid personal leave, paid maternity/paternity leave, and paid family leave.

Do you offer paid leave?*

- Yes
- No

Congratulations on offering paid leave. Please answer the questions below.

1. We offer paid personal leave (school involvement, sick employee, training/professional development, vacation)

- For Full-time employees
- For Part-time employees

Is this policy verbal or written?*

- Verbal
- Written

Please explain...*

If reapplying, please just note policy changes.

2. We offer paid maternity/paternity leave

- For Full-time employees
- For Part-time employees

Is this policy verbal or written?*

- Verbal
- Written

Please explain...*

If reapplying, please just note policy changes.

3. We offer paid family leave (caring for aging parents, children, domestic partner)

- For Full-time employees
- For Part-time employees

Is this policy verbal or written?*

- Verbal
- Written

Please explain...*

If reapplying, please just note policy changes.

4. We offer other paid leave (please specify)

If reapplying, please just note policy changes.

CATEGORY TWO: Health Support

Health support includes breastfeeding/lactation support, healthcare, wellness programs, and reasonable accommodations for workers who have medical needs arising out of pregnancy.

Do you offer health support?*

- Yes
- No

Congratulations on offering health support. Please answer the questions below.

1. Breastfeeding/lactation support (could include a designated area for pumping/breastfeeding)

- For Full-time employees
- For Part-time employees

Is this policy verbal or written?*

- Verbal
- Written

Please explain...*

If reapplying, please just note policy changes.

2. Healthcare (employer subsidized health or dental insurance)

- For Full-time employees
- For Part-time employees

Is this policy verbal or written?*

- Verbal
- Written

Please explain...*

If reapplying, please just note policy changes.

3. Wellness programs (such as wellness assessments, screenings, education, health coaching, organized wellness activities, onsite preventative care such as immunizations, interventions such as smoking cessation, incentive and/or paid time off for wellness activities)

- For Full-time employees
- For Part-time employees

Is this policy verbal or written?*

- Verbal
- Written

Please explain...*

If reapplying, please just note policy changes.

4. Reasonable accommodations for workers who have medical needs arising out of pregnancy (allowing to avoid heavy lifting, stay off ladders)

- For Full-time employees**
- For Part-time employees

Is this policy verbal or written?*

- Verbal
- Written

Please explain...*

If reapplying, please just note policy changes.

5. We offer other health support (please specify)

If reapplying, please just note policy changes.

CATEGORY THREE: Work Schedule Support

Work schedule support includes flexible work scheduling, job sharing, telecommuting, and predictable scheduling.

Do you offer work schedule support?*

- Yes
- No

Congratulations on offering work schedule support. Please answer the questions below.

1. Flexible work scheduling (such as 4 10-hour days or other adjustable scheduling)

- For Full-time employees**
- For Part-time employees

Is this policy verbal or written?*

- Verbal
- Written

Please explain...*

If reapplying, please just note policy changes.

2. Job sharing (such as two or more part-time employees share one full-time position)

- For Full-time employees**
- For Part-time employees

Is this policy verbal or written?*

- Verbal
- Written

Please explain...*

If reapplying, please just note policy changes.

3. Telecommuting (work from remote location at least some of the time)

- For Full-time employees**
- For Part-time employees

Is this policy verbal or written?*

- Verbal
- Written

Please explain...*

If reapplying, please just note policy changes.

4. Predictable scheduling (providing at least two weeks' notice of work schedules and/or premium pay for changes in work schedules made with short notice)

- For Full-time employees**
- For Part-time employees

Is this policy verbal or written?*

- Verbal
- Written

Please explain...*

If reapplying, please just note policy changes.

5. We offer other work schedules (please specify)

If reapplying, please just note policy changes.

CATEGORY FOUR: Economic Support

Economic support includes higher than average wages in your industry, employer subsidized training/educational assistance, retirement/asset building available, and employer subsidized or on-site childcare or dependent care, or on/near-site childcare

Do you offer economic support?*

- Yes
- No

Congratulations on offering economic support. Please answer the questions below.

1. Higher than average wages in your industry

- For Full-time employees
- For Part-time employees

Is this policy verbal or written?*

- Verbal
- Written

Please explain...*

If reapplying, please just note policy changes.

2. Employer subsidized training/educational assistance

- For Full-time employees
- For Part-time employees

Is this policy verbal or written?*

- Verbal
- Written

Please explain...*

If reapplying, please just note policy changes.

3. Retirement/asset building available

- For Full-time employees**
- For Part-time employees

Is this policy verbal or written?*

- Verbal
- Written

Please explain...*

If reapplying, please just note policy changes.

4. Employer subsidized or on-site childcare or dependent care (such as aging parents), or on/near-site childcare

- For Full-time employees**
- For Part-time employees

Is this policy verbal or written?*

- Verbal
- Written

Please explain...*

If reapplying, please just note policy changes.

5. We offer other economic support (please specify)

If reapplying, please just note policy changes.

OTHER Family Friendly Policies

Please list any other benefits or family friendly policies you offer

If reapplying, please just note policy changes.

I confirm the company for which this application is submitted is not involved in a labor dispute*

- Yes, I confirm the company for which this application is submitted is not involved in a labor dispute
- No, I cannot confirm

I confirm the information in this application is accurate. (Only business name will be published)*

- Yes
- No

I give consent to FFNM to use our company logo in recognition of the award*

- Yes
- No

Please share your Facebook, Twitter & LinkedIn Social Media Handles

Where did you hear about this FFNM award?*

- | | |
|-------------------------------------------|---------------------------------------|
| <input type="radio"/> Social Media | <input type="radio"/> Event/In Person |
| <input type="radio"/> Website | <input type="radio"/> Presentation |
| <input type="radio"/> Albuquerque Journal | <input type="radio"/> Other |
| <input type="radio"/> Other News Media | |
| <input type="radio"/> Personal Referral | |