

Attachment I-2. Representative Screen Shots of Pilot Employer  
Application Form



## Work@Health Pilot Employer Application Form

### Introduction to CDC Work@Health Pilot Employer Application Form

Form Approved  
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Exp. Date XX-XX-XXXX

#### WORK@HEALTH PILOT EMPLOYER APPLICATION FORM

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## Work@Health Pilot Employer Application Form

### Introduction

#### Introduction

Employers interested in participating in the Work@Health pilot are encouraged to complete the form on the Work@Health website.

#### Informed Consent

We'd like to give you some more information to help you decide whether or not you would like to participate.

- This project is funded by the Centers for Disease Control and Prevention (CDC). Many parts of this project are being managed by the ASHLIN Management Group (ASHLIN). ASHLIN is a private business consulting firm concentrating in the area of health and human services based in Greenbelt, MD. They are helping CDC implement the Work@Health program. The Public Health Management Corporation (PHMC), a non-profit, public health institute located in Philadelphia, PA is conducting this survey.

- You are being asked to share your contact information so that we can communicate with you about the Work@Health pilot training.

- Your participation is voluntary, and you may skip any questions you do not want to answer. You may also choose to stop filling out the form at any time.

- This form is designed to take about 5 minutes.

- There are no right or wrong answers or ideas – we want to hear about YOUR experiences and opinions.

- All responses you provide will be maintained in a secure manner. We will not disclose your responses or anything about you unless we are compelled by law. Your responses will be combined with other information we receive and reported in aggregate as feedback from the group. In our project reports, your name and your employer's name will not be linked to the information or comments you provide.

- There are no risks or benefits to you personally for completing this form.

- CDC is authorized to collect information for this project under the Public Health Services Act.

- If you have any questions, you can contact Kristin Minot. Her phone number is 215-985-2519 and her email is [Kristin@phmc.org](mailto:Kristin@phmc.org).

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## Work@Health Pilot Employer Application Form

### Contact Information

1. Please supply your contact information.

|                           |                      |
|---------------------------|----------------------|
| First Name                | <input type="text"/> |
| Last Name                 | <input type="text"/> |
| Title                     | <input type="text"/> |
| Company/Place of Business | <input type="text"/> |
| Street Address            | <input type="text"/> |
| City                      | <input type="text"/> |
| State                     | <input type="text"/> |
| Zip Code                  | <input type="text"/> |
| Phone Number              | <input type="text"/> |
| Email Address             | <input type="text"/> |
| Company Website           | <input type="text"/> |

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## Work@Health Pilot Employer Application Form

### Employee Characteristics

#### 2. Number of employees at your site or business unit

- Less than 30
- 30 – 100
- 101- 500
- 500 – 1000
- 1001 or more

#### 3. What industry best describes your worksite?

- Agriculture, Forestry, Fishing and Hunting
- Mining, Quarrying, and Oil and Gas Extraction
- Utilities
- Construction
- Manufacturing
- Wholesale Trade
- Retail Trade
- Transportation and Warehousing
- Information
- Finance and Insurance
- Real Estate and Rental and Leasing
- Professional, Scientific, and Technical Services
- 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
- Public Administration

Other (please specify)