

## EMPLOYER APPLICATION FORM

Form Approved  
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*This is an online form for employers who are interested in participating in the Work@Health® Program. This form will be available for interested individuals to share their contact information and apply to participate in the Work@Health® program.*

### INTRODUCTION

Welcome! We are excited that you have decided to apply for Work@Health® training and technical assistance. The information collected through this application form will allow us to select employers that represent a range of industry sectors, geographic locations, and sizes. You are being asked to complete the survey because of your desire to participate in the Work@Health® Program. This project is funded by the Centers for Disease Control and Prevention. Many parts of this project are being managed by the ASHLIN Management Group (ASHLIN). ASHLIN is a private sector consulting firm with a focus 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. They are helping CDC evaluate the Work@Health® program.

### Informed Consent

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

- 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 approximately 20 minutes to complete.
- 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 all respondents. In our project reports, your 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 Hugh Bailey, His telephone number is 301-345-8357 and the program email is [work@health@ashlininc.com](mailto:work@health@ashlininc.com).

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### Employer Application Form

The information that we are asking you to provide below will help us to communicate with you about Work@Health®. It will also help us to select employers for the training that represent different sizes, locations, industry types, and experiences in worksite health.

Employer Name:

Employer Zip Code:

Characters used: 0 (minimum 5)

### Primary Location

Mailing Address 1:

Mailing Address 2:

Mailing City:

Mailing County:

State:

Characters used: 0 out of 2

Mailing Zip Postal:

Location Designation:

- Rural  
 Urban  
 Suburban

### Primary Contact Person

Title

Name

Primary Phone

Contact Text Message Phone Number

Primary Email Address

Confirm Email Address

Please select method to receive notifications:

- Email  
 Phone

- Phone
- Text Message

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**Secondary Contact Person**

**Title**

**Name**

**Primary Phone**

**Contact Text Message Phone Number**

**Primary Email Address**

**Confirm Email Address**

**Please select method to receive notifications:**

- Email
- Phone
- Text Message

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**EMPLOYER INFORMATION**

**What industry best describes your primary business activity?**

- 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 Services (specify):

**Number of employees (full and part time) \***

- Less than 20 employees
- 20-100 employees
- 101-500 employees
- 501-1,000 employees
- More than 1,000 employees

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**EMPLOYER INFORMATION**

Internet Accessibility (for staff participating in Work@Health® training)?

- Yes  
 No

Type of Employer:

-- Please Select --

Has your organization been in operation for at least two full years?

- Yes  
 No  
 Not sure

Is your organization based (headquartered) in the United States?

- Yes  
 No

Employer Website:

Special Characteristics:  
Please check all that apply

	Yes	No
Virtual Work Environment/No office location	<input type="radio"/>	<input type="radio"/>
Minority Owned	<input type="radio"/>	<input type="radio"/>
Women Owned	<input type="radio"/>	<input type="radio"/>
Veteran Owned	<input type="radio"/>	<input type="radio"/>

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**Which of the following statements best describes your health insurance benefits:**

- We do not offer health insurance to our employees
- We offer health insurance, but we do not contribute a percentage of the premium.
- We offer health insurance and employees share the cost.
- We offer health insurance to our employees and we pay for it completely.

**With respect to addressing employee health issues at your worksite, how ready is your organization to take action?**

- Not at all ready (not seriously thinking about making a change, unaware that employee health is or may be an issue)
- Not quite ready (thinking about employee health issues, weighing the pros and cons of taking action, but not ready to take action)
- Somewhat ready (committed to taking action but researching options and/or gathering information on what to do)
- Almost ready (active preparation and planning after settling on what actions will be taken)
- Completely ready (all preparations and planning is complete, moving into action or have a worksite health program in place)

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Please indicate your commitment to the requirements of the Work@Health® program by responding to the following questions.

Are you committed to allow your employees to participate in employer-sponsored worksite health programming during work hours?

- Yes
- No
- Not sure

Are you willing to fully participate in Work@Health® data collection activities?

- Yes
- No
- Not sure

Are you committed to fully participate in the Work@Health® training and technical assistance?

- Yes
- No
- Not sure

Please respond to the following statement: "To the best of our ability we affirm that this company/organization will remain solvent and stable throughout the life of the Work@Health® project."

- Yes
- No
- Not sure

Does your participation in Work@Health® depend upon the training being delivered online?

- Yes
- No

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Why do you think your organization is a good candidate for the Work@Health® program?

What are your main reasons for wanting to participate in the Work@Health® program?

What have been the particular hurdles that have kept you from implementing a comprehensive worksite health program in the past?

How did you hear about the Work@Health® program?

- Through a business association (e.g., Small Business Association)
- Website
- Letter in the mail
- Newspaper
- Radio
- Colleague
- Word of mouth

Other (please describe)

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Submit

86%





Thank you for your interest in Work@Health®.

Your application has been submitted. Applications will be reviewed based on the eligibility requirements, responses to application questions and a need of the Work@Health® program to enroll a diverse group of employers.

Selected employers will be contacted and assigned to a training model and instructor to begin the program.

VISIT US ONLINE

[cdc.gov/workathealth](http://cdc.gov/workathealth)

100%