



EMPLOYER OF CHOICE

“Give us your Feedback...”

This questionnaire is intended to help your company improve. There are several items in the questionnaire. We would like you to answer each item as openly and honestly as you can.

Your answers will be confidential, unless you choose to identify yourself.

Once you have completed the questionnaire, place it in the envelope supplied and mail it.



SEQUUS

Box 545 Winnipeg Beach, MB R0C 3G0

Give us your Feedback...

1. Overall, how do you rate your SATISFACTION with our company as a place to work compared to other places you've worked?

Extremely Dissatisfied

Extremely Satisfied

1

2

3

4

5

2. Are you aware of our company's core values or workplace philosophy?

- Yes
- No

3. If yes, describe our company's core values or workplace philosophy in your own words.

4. If you are aware of our company's core values or workplace philosophy, how well do you feel management follows it?

- Extremely well
- Very well
- Sometimes does, sometimes doesn't
- Not very well
- Doesn't abide by stated core values or workplace philosophy at all

5. In general, if you share your ideas with management, either through your superior or with other managers, do you... (check one).

- Get credit if the ideas are fully used.
- Get credit if the ideas are only partially used.
- Get credit for offering an idea
- Get no credit

6. If you offer an idea that is implemented but get no credit, who, if anyone, does get credit? (Select all that apply)

- My immediate superior
- Top management (if other than direct boss)
- Co-worker at the same level in the company/organization
- No one takes credit, the idea is just implemented

7. Rate your AGREEMENT with the following statements about your supervisor.

Makes the purpose of my work clear to me

Strongly
Disagree

1

2

3

4

Strongly
Agree

5

NA

Makes my goals and priorities clear to me

Strongly Disagree					Strongly Agree	NA
1	2	3	4	5		

Gives me fair and effective feedback on my performance

Strongly Disagree					Strongly Agree	NA
1	2	3	4	5		

Makes the rewards of good performance clear to me

Strongly Disagree					Strongly Agree	NA
1	2	3	4	5		

Makes it clear where I can get help when I need it

Strongly Disagree					Strongly Agree	NA
1	2	3	4	5		

8. Rate your AGREEMENT with the following statements about the management/leadership skills of the person to whom you report.

Supports and explains company policies and practices

Strongly Disagree					Strongly Agree	Not Sure
1	2	3	4	5		

Plans, budgets and schedules work effectively

Strongly Disagree					Strongly Agree	Not Sure
1	2	3	4	5		

Organizes people and structures jobs to get the work done

Strongly Disagree					Strongly Agree	Not Sure
1	2	3	4	5		

Provides clear direction when needed

Strongly Disagree					Strongly Agree	Not Sure
1	2	3	4	5		

Solves problems and gets performance back on track when needed

Strongly Disagree					Strongly Agree	Not Sure
1	2	3	4	5		

Challenges the company to do better when required

Strongly Disagree					Strongly Agree	Not Sure
1	2	3	4	5		

Provides a clear and appealing vision of the future

Strongly Disagree					Strongly Agree	Not Sure
1	2	3	4	5		

Builds networks of support for new ideas

Strongly Disagree					Strongly Agree	Not Sure
1	2	3	4	5		

Ensures that we have the resources we need to perform effectively

Strongly Disagree					Strongly Agree	Not Sure
1	2	3	4	5		

Encourages us and motivates us when times are tough

Strongly Disagree					Strongly Agree	Not Sure
1	2	3	4	5		

9. If you feel your boss/immediate superior gives unfair reviews of your performance, please explain what you felt was unfair about your last review.

10. Please rate your SATISFACTION with the way our company deals with the following factors....

Opportunities for advancement and promotion

Extremely Unsatisfied					Extremely Satisfied	N/A
1	2	3	4	5		

Performance review and appraisals

Extremely Unsatisfied					Extremely Satisfied	N/A
1	2	3	4	5		

Balance between worklife and non-worklife

Extremely Unsatisfied					Extremely Satisfied	N/A
1	2	3	4	5		

Level of pay compared to others

Extremely Unsatisfied					Extremely Satisfied	N/A
1	2	3	4	5		

Level of benefits compared to others

Extremely Unsatisfied					Extremely Satisfied	N/A
1	2	3	4	5		

Retirement/pension plan

Extremely Unsatisfied					Extremely Satisfied	N/A
1	2	3	4	5		

Listening to your side in employer/employee disputes

Extremely Unsatisfied					Extremely Satisfied	N/A
1	2	3	4	5		

Physical work environment

Extremely Unsatisfied					Extremely Satisfied	N/A
1	2	3	4	5		

Workplace safety and health

Extremely Unsatisfied					Extremely Satisfied	N/A
1	2	3	4	5		

Training and development

Extremely Unsatisfied					Extremely Satisfied	N/A
1	2	3	4	5		

Provides a positive environment for disadvantaged persons

Extremely Unsatisfied					Extremely Satisfied	N/A
1	2	3	4	5		

Interesting and challenging work

Extremely Unsatisfied					Extremely Satisfied	N/A
1	2	3	4	5		

11. If you have problems at work, is there anyone other than your superior you can talk to?

Yes _____ No _____

12. Has your organization gone through any major recent changes that have affected your job?

Yes _____ No _____

13. If you answered "YES" above, please rate how the company handled the change.

Provided job security during the change

Very Dissatisfied					Very Satisfied	N/A
1	2	3	4	5		

Kept you informed throughout the change

Very Dissatisfied					Very Satisfied	N/A
1	2	3	4	5		

Provided opportunities for you to ask questions

Very Dissatisfied					Very Satisfied	N/A
1	2	3	4	5		

Requested your ideas and input

Very Dissatisfied					Very Satisfied	N/A
1	2	3	4	5		

Provided you with adequate resources and training

Very Dissatisfied					Very Satisfied	N/A
1	2	3	4	5		

14. Do most other employees feel the same way you do about the company?

Yes _____ No _____

15. Do you have any recommendations about what might improve company/employee relations?

16. How long have you been working for the company?

- Less than a year
- 1-2 years
- 3-5 years
- 6-10 years
- More than 10 years

17. Select from the list below the label that best fits your job.

- Operational
- Clerical
- Professional
- Supervisor/Manager
- Senior Executive

Other Please Specify _____

Thank you for your opinions. We really want to make this a great place to work! If you would like to add your name and contact data below for us to follow-up with you on your answers, please do so. This is entirely optional.

Last Name _____
First Name _____
Work Phone _____
Work Email _____