

## Employment Equity Award of the Year Recipient Program

### **Welcome to:**

#### Employment Equity Award of the Year Recipient program

This program was formed to recognize outstanding organizations and companies for their efforts of being at the forefront on fair and equitable hiring practices.

In today's global interactions, it is fairly important for organizations and businesses to hire individuals based on merits and promote diversity. Our diverse background should not be a barrier but a shared celebration. The objective of this program is to promote effective employment equity in the Province of Nova Scotia and beyond. Therefore, a special recognition is given to all participating organizations and companies by issuing an authentic certificate to worthy member businesses – just our way of saying thank you.

### **Criteria:**

To qualify as a recipient under this program:

1. Your business is required to answer a few general questions.

Example:

- (a) The total number of employees in your company (both part-time and full-time)
- (b) How many are male and female?
- (c) How many are considered racially visible persons?
- (d) How many are black?
- (e) How many are Aboriginal persons?
- (f) How many are considered persons with disability?

2. All registered members are asked to pay an annual membership fee of \$ **185.00**

3. Certificates will be issued to only participating recipients on yearly bases

### **Benefits:**

- All participating members will receive an Award Certificate.
- Participating members are granted permission to use the logo of Employment Equity Award of the Year on their companies' websites.
- An access to a more in-depth and current statistical report on Canada's Employment equity gap

\*\*\* Note: under this program, FRS will never ask you to provide us with any personal information\*\*\*

**Employment Equity Award of the Year**  
Recipient Program

**Membership Application Form**  
For Employment Equity Award of the Year  
Recipient program

**Identification:**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

URL/Company Website: \_\_\_\_\_

**Questions: Equity Data**

\* Please complete all the questions and sign your name below \*

- 1) The total number of employees in your company (both part-time and full-time)  
Total number \_\_\_\_\_,  
Full-time, \_\_\_\_\_ Part-time \_\_\_\_\_
- 2) How many are male and how many are female?  
\_\_\_\_\_ are male, \_\_\_\_\_ are female.
- 3) How many are considered racially visible persons?  
\_\_\_\_\_
- 4) How many are black? \_\_\_\_\_
- 5) How many are Aboriginal persons? \_\_\_\_\_
- 6) How many are considered persons with disability? \_\_\_\_\_

Owner / Employer Name:

Signature:

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\* I do hereby confirm that all the information provided in this form is true to the best of my knowledge and my signature confirms that I have an authority to provide the classified statistical report requested herein.