

# Employer Census



Phone (818) 735-4614	Fax (818) 865-0285	Email: info@peopleonesource.com
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**General Information:**

Company Name	Business Telephone
Address	Business Fax
City	Website
State	Email Address
Zip Code	Years in Business
Owners Name	Total # of Employees
Contact Name	Federal Tax ID
Contact Phone	State Tax ID

Number of Employees: Full Time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary: \_\_\_\_\_

Business Type    C-Corp     S-Corp     LLC     Partnership     Sole Proprietor

**Services of Interest to You (select all that apply): If ASO/PEO, no further selection necessary**

<input type="checkbox"/> ASO/PEO (All inclusive)	<input type="checkbox"/> Payroll	<input type="checkbox"/> Benefits Administration	<input type="checkbox"/> Human Resources
<input type="checkbox"/> Employee Training	<input type="checkbox"/> Risk Management	<input type="checkbox"/> Business Support	<input type="checkbox"/> Employee Handbooks
<input type="checkbox"/> EAP Program	<input type="checkbox"/> Safety Programs	<input type="checkbox"/> Elearning	<input type="checkbox"/> HR Assessment
<input type="checkbox"/> Job Descriptions	<input type="checkbox"/> Disciplinary Action	<input type="checkbox"/> EDD Claims Processing	<input type="checkbox"/> Employee Performance
<input type="checkbox"/> Compliance Support	<input type="checkbox"/> Recruiting	<input type="checkbox"/> Background Checks	<input type="checkbox"/> Affirmative Action Plans

**Risk Management Information**

Workers Compensation Carrier:	Workers Compensation Renewal Date
Workers Comp Exp Modifier	Loss Runs (if yes, attach) <input type="checkbox"/> Yes <input type="checkbox"/> No

**Describe Operations for all Worksites**

Do you have an Employee Handbook? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you conduct safety training? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have written Job Descriptions? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you conduct exit interviews? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an Illness/Injury Prevention Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have prevailing wages? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an early return/light duty program in place for injured workers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is any work subject to Jones Act, USL& H or FELA <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any work performed underground or higher than 15 feet above ground <input type="checkbox"/> Yes <input type="checkbox"/> No	

State	WC Class Code	Position/Job	#Employees	Annual Wages

Is the WC policy declaration page attached?  Yes  No (Provide Explanation)

Do subcontractors have WC coverage and provide certificates of insurance showing coverage  Yes  No

**Payroll Info:**

Number of Full-time Staff	Number of Part-time Staff:
Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly (Dates ____ & ____ ) <input type="checkbox"/> Monthly (Date ____ )	
Number of W2's Issued Last Year: _____	

**Benefits Info: Do you have the following, Please Check Yes or No**

Group Medical  Yes  No    401 K  Yes  No    Other Benefits  Yes  No (explain)

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