# APPLICATION FOR THE 2027
# CANADA'S TOP 100 EMPLOYERS PROJECT

Dear Employer:

Thank you for your interest in the *Canada's Top 100 Employers* project.

For more than 25 years, our national competition has recognized organizations that set the standard for exceptional human resources practices — through innovative programs, supportive cultures, and meaningful employee experiences.

Taking part is an opportunity to elevate your organization's profile, attract top talent, and benchmark your workplace practices against the nation's leading employers.

Recognition in the competition provides extensive national and international visibility through major media and digital platforms, reaching one of the largest audiences of any workplace award.

The *Canada's Top 100 Employers* project is widely respected as a rigorous, independent editorial competition. Winners are selected by our editors following detailed review and comparison with peer organizations. Earning a place on the list signals genuine leadership and credibility in workplace excellence.

Employers complete a single application to be considered for our national designation, plus a series of well-known regional and special-interest competitions published with media partners across Canada.

All applicants also receive access to our Insights Briefing, an exclusive online presentation provided after the national winners are announced. In this briefing, our editors share unpublished benchmarking data and key findings from the 2027 competition.

This year's application deadline is May 1, 2026. Submissions are completed online; to request a secure upload link, please contact ct100@mediacorp.ca

On behalf of our entire editorial team, we very much look forward to reviewing your application.

Yours very truly,

Anthony Meehan, Publisher
anthony.meehan@mediacorp.ca

# Canada's Top 100 Employers (2027 Competition)

## Request for Information

INSTRUCTIONS FOR EMPLOYERS:

To be considered for the 2027 Canada's Top 100 Employers project, applicants must:

- Email us at **ct100@mediacorp.ca** to request your secure link where you can upload your completed application. *We encourage you to request this early to avoid delays closer to the application deadline.*
- Complete this PDF application and sign the certification section on the next page. *If you prefer, you can download a Word version here that may be submitted instead.*
- Organize any extended responses in a single Supplement file, following the same question numbers. You may also include additional materials (e.g. benefits plans) if they are relevant.
- Submit your completed application, Supplement and photos using the secure upload link by **May 1, 2026**.

If you have questions about this year's application, please contact us at **ct100@mediacorp.ca**

### COMPETITION TIMELINE

| | |
|---|---|
| **MAY 1, 2026** | Submission deadline. All application materials must be submitted by this date. |
| **JUNE-AUGUST** | Application review. We may be in contact to confirm aspects of your application during this time. Please inform us of any significant changes involving your workforce, such as acquisitions or layoffs. |
| **SEPTEMBER** | Notification period. All applicants are notified of their status for Canada's Top 100 Employers. Subsequent review of regional and special-interest competitions begins, with winners notified on a rolling basis. |
| **NOVEMBER** | Announcement. Canada's Top 100 Employers are announced in a special magazine published online in The Globe and Mail and on our job search engine, Eluta.ca. Winners of the regional and special-interest competitions are announced afterwards in a series of magazines published with newspaper and magazine partners across Canada. |
| **DECEMBER** | Final status update. Regional and special-interest competitions are finalized. Applicants are notified of their status for all competitions. |

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## PART 1: COMPETITION REGISTRATION & CERTIFICATION

1. (a) Employer name *(use full legal name)*:

(b) Mailing address *(head office in Canada)*:

(c) Telephone *(main)*:

(d) Website URL:

2. Person responsible for this application (*not published*):

(a) Contact name and title:

(b) Your direct email address:

(c) Your direct telephone extension:

3. Secondary contact for this application *(not published)*:

(a) Contact name and title:

(b) Direct email address:

(c) Direct telephone extension:

4. Third contact, if applicable *(not published)*:

(a) Contact name and title:

(b) Direct email address:

(c) Direct telephone extension:

5. Public relations contact *(not published)*:

(a) Contact name and title:

(b) Direct email address:

(c) Direct telephone extension:

6. Contact for advertising and marketing opportunities in the announcement magazines *(not published)*:

(a) Contact name and title:

(b) Direct email address:

(c) Direct telephone extension:

7. **Special-Interest Competitions.** In addition to the national and regional competitions, our organization would like to apply for one or more of the following special-interest competitions: (*To apply, check the appropriate boxes below and attach the relevant schedules)*

- ❑ Canada's Best Diversity Employers – Schedule 1
- ❑ Canada's Greenest Employers – Schedule 2
- ❑ Canada's Top Employers for Young People – Schedule 3
- ❑ Canada's Top Small & Medium Employers – Schedule 4

8. **Certification.** I certify that the information in this application is complete and accurate. We authorize publication by you and your media partners of all information provided in this application, including the Supplement, photos and other items submitted. If selected, we agree to abide by the competition rules for the Canada's Top 100 Employers project, including logo usage rules.

❑ I consent to add my email address shown in Question 2(b) above to your internal mailing list for the Canada's Top 100 Employers project. (*You can unsubscribe at any time.)*

*The person signing this form must be the main contact listed in Question 2 above.*

Signature

Date

## PART 2: ABOUT YOUR BUSINESS

9. Provide a short summary of any significant business developments during the past year. *(Point-form is fine.)*

10. Has your organization laid off employees in the past year because of economic conditions?

❑ No ❑ Yes *(Explain how the layoff was handled)*

11. Are you a publicly listed company?

❑ Yes

Stock symbol:

12. Revenues for last fiscal year *(if publicly disclosed)*:

13. What is the NAICS code of your primary business?

*(Find our NAICS code)*

14. If applicable, who is your main competitor in Canada?

15. Major locations in Canada (city and province):

16. Year organization founded:

17. Parent company name, if applicable:

18. Parent company head office location:

## PART 3: ABOUT YOUR WORKFORCE

***Important:*** *Except as noted otherwise, please use* ***March 1, 2026****, as the effective date for all questions in this Part 3.*

19. Number of employees on **March 1, 2025**:

| | *Full-time* | *Part-Time* |
|---|---|---|
| (a) At this location: | | |
| (b) Total in Canada: | | |
| (c) Total worldwide: | | |

20. Number of employees on **March 1, 2026**:

| | *Full-time* | *Part-Time* |
|---|---|---|
| (a) At this location: | | |
| (b) Total in Canada: | | |
| (c) Total worldwide: | | |

21. Percentage of your workforce who are engaged on a contract basis..... ____ %

22. Longest number of years any worker has been with you on contract..... ____

23. Number of job applications received in Canada in the past year..... ____

24. Total jobs available to outside candidates across Canada in past year..... ____

25. Average age of all employees at your organization *(all levels, in Canada)*.... ____

26. Years that longest-serving employee has worked at your organization..... ____

27. Voluntary turnover rate for full-time employees in Canada in past year..... ____ %

28. Please indicate in the table below the percentages of employees who are members of the groups shown:

| Percentage who are... | Women | Visible Minorities | Indigenous | Persons with Disabilities |
|---|---|---|---|---|
| (a) All Employees | % | % | % | % |
| (b) Managers | % | % | % | % |
| (c) Executive Team | % | % | % | % |
| (d) Board of Directors | % | % | % | % |

## PART 4: WORK ENVIRONMENT

29. (a) **Flexible Work Options.** Please indicate if your organization offers any of the following:

- ❑ Formal hybrid work program
  - ❑ Work from anywhere (*describe in Supplement*)
- ❑ Flexible start/finish work hours
- ❑ 35-hour work week (with full pay)
- ❑ Shortened work week (fewer hours, less pay)
- ❑ Compressed work week (same hours, full pay)
- ❑ Reduced summer hours option (*describe in Supplement*)
- ❑ Formal "earned days off" (EDO) program (*describe in Supplement*):
  Employees can work ____ extra hours each day and receive ____ day(s) off each month
- ❑ Other flexible work options (*describe in Supplement*)

(b) **Commuter Amenities.** Check any of the following that apply to your head office location:

- ❑ Transit subsidy for commuters:
  NEW $_____ per month
- ❑ Online carpool sign-up system
- ❑ Free onsite parking ❑ Subsidized parking
- ❑ Sheltered bicycle parking onsite
- ❑ Nearby bicycle sharing station
- ❑ Electric vehicle charging stations
- ❑ Corporate ride-sharing account

(c) **Head Office.** Briefly describe other interesting features of your head office location (e.g. office tower, renovated warehouse, custom-built facility). (*For other significant locations, briefly describe features in Supplement.*)

Were employees consulted in choosing the location and design of your head office? ❑ Yes. *Briefly describe.*

30. **On-Site Features.** We are interested in learning more about the distinctive physical features of your main location:

(a) **Employee Work Areas & Comfort.** Describe the employee work areas at your main location *(check all that apply)*:

- ❑ Windows that open (for fresh air)
- ❑ Ergonomic workstations
- ❑ Shared workstations for telecommuters
- ❑ Sit-stand workstations
- ❑ Meditation/religious observance room
- ❑ Private sleep/nap room
- ❑ Sleep pods
- ❑ Private phone booth

(b) **Onsite Food Options** at your main location features *(check all that apply)*:

- ❑ Free snacks while you work.
- ❑ Free coffee or tea ❑ Free juice/soft drinks
- ❑ Full-service cafeteria:
  - ❑ Healthy menus ❑ Subsidized meals
  - ❑ Special diet menus ❑ Take-home meals
  - ❑ Free meals daily
- ❑ Self-serve lunchroom
- ❑ Discounts at local restaurants

(c) **Other food options** at your main location (e.g. market-style cafeteria, food court with third-party coffee shops or vendors). *Point-form is fine:*

(d) **Employee lounge or break areas** at your main location feature *(check all that apply)*:

- ❑ Comfortable couches
- ❑ Fireplace
- ❑ Music
- ❑ Television
- ❑ Foosball table
- ❑ Table hockey
- ❑ Table tennis
- ❑ Board games
- ❑ Video games
- ❑ Pool table
- ❑ Outdoor patio/deck
- ❑ Outdoor barbecue
- ❑ Other lounge/break area features:

(e) Do you have an **Onsite Fitness Facility** at your main location? *Complete either option:*

- ❑ No *(skip to Question 31 below)*
- ❑ Yes: ❑ others also use it; or
  ❑ only our employees use it.

Our onsite fitness facility offers:

- ❑ Free membership
- ❑ Subsidized membership
- ❑ Treadmills
- ❑ Stationary bikes
- ❑ Stairmasters
- ❑ Instructor-led classes.
- ❑ Elliptical trainer
- ❑ Rowing machines
- ❑ Weights
- ❑ Basketball court
- ❑ Sauna
- ❑ Shower facilities

Most popular class (e.g. Pilates, yoga):

- ❑ Other interesting features of fitness facility:

31. **Workplace Safety.** Describe how occupational health and safety (OHS) is managed at your organization and whether your organization has received any workplace safety awards for going beyond regulatory requirements or OHS rules applicable to your industry and region. (*Describe in Supplement if needed*)

## PART 5: WORK ATMOSPHERE & COMMUNICATIONS

32. **Overall Atmosphere.** Check the following items if available at your organization: *(describe in Supplement if needed)*

- ❑ Business-casual dress daily
- ❑ Dress-for-your-day policy
- ❑ Casual dress (e.g. jeans) daily
- ❑ Casual dress Fridays only
- ❑ Concierge service
- ❑ Can bring pet to work
- ❑ Employee sports teams
- ❑ Radio/music while working
- ❑ Company-subsidized social committee.
  Operating since (yyyy):
  Committee Name:

33. **Celebrations, Social Events & Sports.** Describe any social or sporting events that took place over the past 12 months (e.g. games nights, cooking classes, pub nights, sporting teams, etc.). (*Describe in Supplement if needed*)

34. **Company-wide Communications.** Does your organization offer the following communications/feedback tools?

- ❑ Employee e-newsletter. Newsletter name:
- ❑ Town halls ❑ Internal podcasts ❑ Traditional or email suggestion box ❑ Other (*describe in Supplement*)

## PART 6: HEALTH BENEFITS

35. **Description of Health Plan.** Please submit a copy of the booklet that your company provides to new employees describing your company's health benefits plan. ***Important:*** *If you have different benefit plans for full-time employee groups (e.g. union, non-union, management), copy this page and complete a separate Part 6 for* ***each*** *employee group.*

NEW

❑ We have multiple health plans. This Part 6 covers these employees: _____

Plan insurer: _____ and they comprise _____ % of our full-time workforce in Canada.

36. **Basic Health Benefits Plan:**

(a) Your company pays _____ % of the premiums associated with your basic health benefits plan.

(b) ❑ We have a flexible plan with custom coverage. Employees can transfer unused credits to:
❑ Salary or savings plan ❑ Extra paid time-off

❑ We have a modular plan, with a choice of pre-defined options. *If yes, complete this part for the default module covering most employees.*

(c) Hours per week that employees must work before they can join your basic health plan: _____

(d) Days new employees must wait before coverage under basic plan starts: _____ days after joining.

(e) Are family and spousal coverage offered under your basic health benefits plan?
❑ Yes, company pays _____% of premiums

(f) Does your basic plan provide coverage to retirees?
❑ Yes, company pays _____% of premiums
❑ No, company does not cover the premium cost

Is there an age limit for retirement coverage?
❑ Yes, up to _____ years of age; or
❑ No age limit, coverage lasts until death

(g) Please indicate whether the following health benefits are included in your basic health plan *(you may describe any of these benefits in more detail in the Supplement):*

❑ Routine dental:
____% covered; $_____ annual max, or ❑ no max

❑ Restorative dental:
____% covered; $_____ annual max, or ❑ no max

❑ Orthodontics:
____% covered; $_____ lifetime max, or ❑ no max

❑ Eyecare:
$_____ every _____ years

❑ Fitness club subsidy (offsite), $_____ annual max

NEW

❑ Health spending account (HSA):
$_____ annual max

❑ Wellness spending account (WSA):
$_____ annual max

❑ HSA & WSA have combined annual max

❑ Prescription drugs

❑ IUI fertility treatments: $_____ lifetime max

❑ IVF treatments: $_____ lifetime max

❑ Fertility drugs: $_____ lifetime max

❑ Employee assistance plan (EAP)

❑ Mental health coverage:
❑ This coverage has a separate maximum:
$_____ annual max

❑ Semi-private hospital room

❑ Medical equipment and supplies

❑ Medical travel insurance

❑ Massage (RMT) therapy

❑ Chiropractor ❑ Naturopathy

❑ Osteopathy ❑ Nutrition planning

❑ Podiatrist ❑ Home care

❑ Acupuncture ❑ Physiotherapy

❑ Virtual health care services/telemedicine

❑ Other benefits included in your basic plan *(describe below or in Supplement):*

37. **Other Health & Wellness Programming.** Please describe any other health and wellness events and initiatives that your organization offers employees in-house, e.g. mental health strategy, wellness committee, walking clubs:

## PART 7: FINANCIAL BENEFITS & COMPENSATION

38. **Financial Benefits.** Please indicate whether the following financial benefits are available at your organization (if needed, describe these in more detail in your Supplement). Include your employee pension booklet, if you have one.

NEW ***Important:*** *If you have different financial benefits for full-time employee groups (e.g. union, non-union, management), copy this page and complete a separate Part 7 for* ***each*** *employee group.*

❑ Financial benefits vary by employee group. This Part 7 covers: _____

and they comprise _____ % of our full-time workforce in Canada.

Share purchase plan for:
- ❑ All employees
- ❑ Some employees only

Annual profit-sharing plan for:
- ❑ All employees
- ❑ Some employees only

Deferred profit-sharing plan for:
- ❑ All employees
- ❑ Some employees only

Signing bonuses for:
- ❑ All positions
- ❑ Some positions only

Year-end bonuses for:
- ❑ All positions
  *Last year's range, from:*
  $ _____ to $ _____
- ❑ Some positions only

❑ Defined-benefit (DB) pension plan **for new employees**, with employer contributions to _____% of salary

❑ Defined-contribution (DC) pension plan **for new employees**, with employer contributions to _____% of salary

❑ Matching RSP plan with employer contributions to _____% of salary

❑ Non-matching RSP plan with employer contributions, to _____ % of salary

❑ Basic RSP plan with payroll deductions, but no employer contributions

❑ Life insurance

❑ Disability insurance

❑ Employee referral bonuses:
Min: $_____ Max: $_____

❑ Discounted home insurance

❑ Discounted auto insurance

❑ Low-interest home loans

❑ Discounted auto lease rates

❑ Discounted company products or services *(describe in Supplement)*

❑ Corporate discounts at retailers, etc. *(describe in Supplement)*

❑ Other financial benefits:

39. (a) Do you participate in **outside** salary surveys?

❑ **Yes.** How often? Every: ❑ 6 Months ❑ 12 Months ❑ 18 Months ❑ 24 Months

❑ **No.** How do you determine if salary levels at your company are competitive? *(describe in Supplement)*

(b) How often do you review salary levels with individual employees?

Every: ❑ 6 Months ❑ 12 Months ❑ 18 Months ❑ 24 Months

## PART 8: FAMILY-FRIENDLY POLICIES

**40. Family-Friendly Policies.** Please submit a copy of your top-up policy if applicable. We use the information in this part for our national and regional competitions, as well as Canada's Top Family-Friendly Employers, announced annually. ***Important:*** *If you have different family-friendly policies for full-time employee groups (e.g. union, non-union, management), copy this page and complete a separate Part 8 for* ***each*** *employee group.*

NEW

CANADA'S TOP FAMILY-FRIENDLY EMPLOYERS 2027

❑ Family-Friendly benefits vary by employee group.

This Part 8 covers: _____ who comprise _____ % of our full-time workforce in Canada.

(a) **Family-Friendly Benefits.** Please indicate whether your company provides any of the following:

❑ Maternity leave top-up for mothers:
Top-up to _____% of salary for _____ weeks

❑ Parental leave top-up for mothers:
Top-up to _____% of salary for _____ weeks

❑ Parental leave top-up for fathers:
Top-up to _____% of salary for _____ weeks

❑ Parental leave top-up for adoptive parents:
Top-up to _____% of salary for _____ weeks

❑ Compassionate leave top-up:
Top-up to _____% of salary for _____ weeks

❑ Adoption assistance: $ _____ per child

❑ Formal policy lets employees extend parental leave to become unpaid leave of absence

❑ Phased-in return to work for new parents

❑ Onsite childcare at your main location:
❑ Subsidized: $_____ per child per year

❑ Offsite childcare subsidy: $ _____ per child

❑ Academic scholarships for employees' children
Maximum annual scholarship: $ _____ per child

❑ Please describe any other family-friendly benefits at your organization, e.g. parents' network, time off for family appointments, unique top-up policies:

## PART 9: PROGRAMS FOR EXPERIENCED EMPLOYEES

41. **Experienced Employees.** We use the information in this part to consider your organization for our national and regional competitions as well as the Top Employers for Canadians Over 40, which is announced each year. We want to learn about any interesting programs that assist employees as they enter the second half of their careers.

Top Employers *for* Canadians **Over 40** 2027

(a) Does your organization have any programs specifically designed to assist older employees?
❑ Yes *(describe in Supplement)*
❑ No

(b) Do you actively recruit new employees aged 40+?
❑ Yes. *List some typical positions:*

(c) Check if the following benefits are offered for older employees:
❑ Previous work experience at other employers counts towards annual paid vacation allowance
❑ Mentorship programs to transfer retirees' skills
❑ Assistance with succession and retirement planning
❑ Phased-in retirement (e.g. part-time before leaving)
❑ Paid health benefits for retirees
❑ Organized social activities/volunteering for retirees

*Briefly describe these and other programs offered by your organization for employees aged 40+ in your Supplement.*

## PART 10: EMPLOYEE ENGAGEMENT

42. (a) Does your HR department conduct periodic in-house employee surveys?

❑ Yes Every _____ Months

(b) Do you use an outside consultant to conduct periodic employee surveys?

❑ Yes Every _____ Months

43. (a) How often do employees receive formal reviews?

Every _____ Months

(b) Do your managers receive training in conducting effective performance reviews? ❑ Yes

(c) Do you operate a 360-degree feedback program, providing employees with performance-related feedback from co-workers and other managers?

❑ Yes. *Briefly describe process below.*

(d) Can employees provide confidential feedback on their manager's performance? ❑ Yes. *Describe process below.*

(e) Do you conduct exit interviews with departing employees? ❑ Yes

(f) You may provide a succinct overview of the key features of your performance management program, in two or three paragraphs.

❑ Included in our Supplement

44. **Employee Engagement Survey.** If you have completed a recent employee engagement survey, briefly summarize the survey results below. You may share examples of changes that resulted from the survey results. *You may include the results and questionnaire, if your survey provider allows.*

45. **Performance-Based & Other Rewards.** Please indicate if your organization offers any of the following performance-based rewards:

❑ Individual performance bonuses
❑ Individual "on-the-spot" rewards
❑ Peer-to-peer recognition awards
❑ Online recognition platform
❑ Unique awards tailored to the recipient
❑ Long-service awards
❑ Other rewards *(point-form is fine)*:

## PART 11: TRAINING & DEVELOPMENT

46. (a) Please indicate the annual amount spent on training, per full-time employee: $ _____

(b) Does your organization offer any of the following continuing education and professional development programs? *(expanded responses can be provided in your Supplement)*

❑ Tuition subsidies for courses related to an employee's current position: ❑ No annual max.

_____% of tuition. Annual max: $ _____

❑ Tuition subsidies for courses not related to an employee's current position: ❑ No annual max.

_____% of tuition. Annual max: $ _____

NEW ❑ Professional development fund (e.g. conference attendance, online courses, books):

Annual max: $ _____ per employee

❑ Subsidies for professional association memberships
❑ Orientation/onboarding program
❑ In-house apprenticeship or skilled trades training
❑ Mentoring program
❑ Leadership development programs
❑ Financial bonuses on completing professional accreditations and development courses:

From $ _____ to $ _____

❑ Career planning services
❑ In-house training programs
❑ Online training programs
❑ Online employee skills inventory
❑ Unpaid internships ❑ Paid internships
❑ Other unique training and development initiatives *(describe in Supplement)*.

## PART 12: VACATION POLICY & PAID DAYS-OFF

NEW

***Important:*** *If vacation and paid days-off policies at your organization vary by full-time employee group (e.g. union, non-union, management), copy this page and complete a separate Part 12 for* ***each*** *employee group.*

❑ Vacation and paid days-off vary by employee group. This Part 12 covers: _____

and they comprise _____ % of our full-time workforce in Canada.

47. **Vacation Allowance.** How many weeks of paid vacation does your company offer to employees with the following lengths of tenure? *If you have different vacation entitlements for various employee groups (e.g. union, non-union, management), be sure to supply this information for* ***each*** *employee group.*

| | | | |
|---|---|---|---|
| (a) 1 Year | _____ weeks | (g) 7 Years | _____ weeks |
| (b) 2 Years | _____ weeks | (h) 8 Years | _____ weeks |
| (c) 3 Years | _____ weeks | (i) 9 Years | _____ weeks |
| (d) 4 Years | _____ weeks | (j) 10 Years | _____ weeks |
| (e) 5 Years | _____ weeks | (k) Max | _____ weeks |
| (f) 6 Years | _____ weeks | | |

❑ We offer unlimited vacation allowance for all staff.

48. **Leaves of Absence.**

❑ We offer unpaid leaves. Max length: _____ months

❑ Self-funded/deferred salary. Max length: _____ months

❑ Paid educational leaves. Max length: _____ weeks

49. (a) **Paid Days-Off.** In addition to the paid vacation allowance in Question 47, indicate the additional paid days-off that employees at your location receive each year:

(i) Statutory holidays..... _____ days

(ii) Paid summer shutdown ..... _____ days

(iii) Paid December 27-31 shutdown.. _____ days

(iv) Paid personal days-off, where employee chooses the days* ..... _____ days

(v) Paid days-off, where company specifies the days* ..... _____ days

** If there are restrictions on how these days may be used, please describe in your Supplement.*

(b) **Sick Days and Short-Term Disability:**

(i) Paid sick days (no doctor's note req'd)..... _____ days

(ii) S-T disability (doctor's note req'd) ..... _____ days

## PART 13: COMMUNITY INVOLVEMENT

50. We are interested in learning about notable community or charitable projects where your employees are actively involved in helping others, particularly those involving skills or talents unique to your employees or organization.

(a) Geographic scope of all charities assisted:
❑ Local ❑ National ❑ International

(b) Does your charitable program have a particular focus? (e.g. youth, health, etc.)
❑ Yes. *Please describe:*

(c) Total number of charities assisted by your organization last year: _____

(d) Are employees involved in choosing the charities supported? ❑ Yes. *(describe in your Supplement)*

(e) Do employees receive paid time-off to volunteer?
❑ Yes. How much time? _____ days/year

(f) Total employee volunteer hours (on company time) spent on charitable projects in the past year: _____

(g) Do you match employee donations?
❑ Yes. Max annual donation/employee: _____

(h) Do you match employee volunteer hours with company donations? ❑ Yes.
Maximum donation: $_____ for every _____ hours

(i) Please list main charities supported in past year, describing noteworthy projects (*include in Supplement*):

## PART 14: PHOTOS & CAPTIONS




51. **Photos & Captions.** If your organization is selected as one of the 2027 winners, we may use photos you submit in the announcement magazines that we publish with our newspaper partners, on your employer review and on social media. *These photos reach millions of readers, showing job-seekers and others what it's like to work at your organization*. Ideally, they illustrate interesting stories or initiatives described in your application:

    - Upload your photos directly to our servers for our editors to review. You can request the secure upload link for your organization by emailing **ct100@mediacorp.ca**
    - Our editorial team will review photo uploads and draft captions – our photo hints describe how to put your best foot forward.
    - Your photos won't be displayed publicly unless your organization is selected as a competition winner.

    Together with our newspaper and magazine partners, we reach over 15 million Canadians each year. A well-chosen photo that shows the best side of your organization attracts many more readers to your editorial content, if your organization is selected.

    *Please check box:* ❑ We have uploaded our photos for this year's application.

## PART 15: SUPPLEMENTARY INFORMATION

52. **Supplement.** Include your supplementary answers and additional information after this page. You may find it easier to prepare your Supplement in Microsoft Word or a similar application. If you include a Supplement, kindly ensure that you:

    - Please follow the same numbering system as this application.
    - Don't create multiple Supplement files – try to organize your extra information as a single document.

    Ideally, your completed application should consist of the signed PDF application, a single Supplement file, supporting documents (if relevant) and uploaded photos.

    *Please check box:* ❑ Our Supplement is attached (in .pdf or .docx format).

## PART 16: APPLICATION FEE

We have paid the application fee of $1,795.00 plus 13% HST (Registration #134051515 RT0001) by:

- ❑ Bank EFT, preferred (contact **accounting@mediacorp.ca** for banking details);
- ❑ Cheque (payable to "Mediacorp Canada Inc."); or
- ❑ Credit card via our online payment form.

The fee is non-refundable and a receipt will be emailed to you, together with our editors' confirmation that your application is complete.

**Completed applications must be submitted online:**
To receive a secure upload link for your organization, please contact us at **ct100@mediacorp.ca**

***Application deadline: May 1, 2026.***
Kindly remember to sign the certification in Part 1 above.

# SCHEDULE 1
# CANADA'S BEST DIVERSITY EMPLOYERS

**Canada's Best Diversity Employers.** Published annually since 2008, Canada's Best Diversity Employers recognizes employers across Canada that have exceptional workplace diversity and inclusiveness programs. The winning employers are announced each year in a special magazine published online in The Globe and Mail and on Eluta.ca. This competition examines a range of diversity initiatives, including programs for five major employee groups: (a) Women; (b) Members of visible minorities; (c) Persons with disabilities; (d) Indigenous peoples; and (e) Lesbian, Gay, Bisexual and Transgender (LGBT) peoples.

2027 CANADA'S BEST DIVERSITY EMPLOYERS

*Complete this page to be considered for the **Canada's Best Diversity Employers (2027)** competition:*

(a) Is your organization regulated under any of the following Employment Equity programs?
- ❑ Yes, *Federal Contractors Program/FCP*
- ❑ Yes, *Legislated Employment Equity Program/LEEP*
- ❑ Yes, provincial employment equity legislation
- ❑ Yes, other legislation: _____
- ❑ No, we aren't regulated under any of the above

(b) Does your organization offer programs designed to improve workplace diversity and inclusiveness?
- ❑ Yes. *Check all applicable:*
  - ❑ Women
  - ❑ Persons with disabilities
  - ❑ Members of visible minorities
  - ❑ Lesbian, Gay, Bisexual & Transgender
  - ❑ Indigenous peoples
  - ❑ New Canadians
  - NEW ❑ Other (e.g. neurodiversity) _____

(c) Does your organization have a senior executive position responsible for overseeing diversity and inclusiveness initiatives? ❑ Yes

Position title: _____ Year established: _____

NEW (d) How are diversity initiatives governed at your organization? *Describe in Supplement.*

(e) Does your organization have a clearly defined strategy to achieve diversity and inclusion goals?
- ❑ Yes, *include in your Supplement* Year last updated: _____

(f) Has your organization implemented initiatives related to *(describe in Supplement):*
- ❑ recruitment and selection of diversity groups
- ❑ retention and development of diversity groups
- ❑ training and education in diversity
- ❑ diversity employee resources/affinity groups
- ❑ diversity leadership/management accountability
- ❑ customer and market diversity
- ❑ vendor and supplier diversity
- ❑ community partnerships to support diversity

(g) Are job opportunities posted on your website accessible to visually impaired applicants?
- ❑ Yes

(h) Does your organization apply an inclusive lens to health benefits or other HR policies (e.g. mental health coverage, flexible statutory holiday program) NEW
- ❑ Yes *(describe in Supplement)*

(i) Do you track any of the following diversity measures?
- ❑ Yes *(check all applicable and explain how tracked in Supplement):*
  - ❑ number of employees from diversity groups
  - ❑ recruiting from diversity groups
  - ❑ employee perceptions of discrimination and harassment
  - ❑ management and leadership behaviour
  - ❑ benchmarking external best-practices
  - ❑ overall progress in creating an inclusive workplace

(j) What specific actions has your organization taken in the past year to support your diversity and inclusion programs? *(explain below or in your Supplement)*

_____

## SCHEDULE 2
## CANADA'S GREENEST EMPLOYERS

**Canada's Greenest Employers.** Launched in 2007, this award recognizes employers with interesting environmental programs that actively involve their employees. Specifically, we are interested in employers that have incorporated environmental values into their corporate culture. Competition winners are announced each April, just before Earth Day, in an extended magazine published online in The Globe and Mail and on Eluta.ca.

*Complete this page to have your organization considered for the* ***Canada's Greenest Employers (2027)*** *competition:*

(a) **Employee and Senior-Level Involvement:**

❑ Formal employee "green team"

Team name: _____

❑ Informal employee-led green initiatives. *Highlight below interesting employee-led green initiatives in the past year, or include in your Supplement:*

_____

❑ We have a senior executive position responsible for overseeing environmental initiatives.

Position title: _____

Year established: _____

❑ Formal green strategy/policy statement

Year last updated: _____

(b) **Environmental Management Programs:**

❑ In-house waste reduction and recycling programs beyond municipal minimums (e.g. e-waste collection, waste diversion rates). *(describe in Supplement)*

❑ Green procurement policy for products and services purchased. *(describe in Supplement)*

❑ Partner with community organizations (e.g. Tree Canada, Bike-to-Work Week, etc.). *(describe in Supplement)*

❑ Other green initiatives, from unique "line-of-business" products to programs that encourage clients and customers to incorporate environmental considerations.

❑ Have ongoing monitoring/environmental management system (EMS) to measure environmental initiatives and progress. *(describe in Supplement)*

❑ Recently conducted environmental audit:

❑ In-house audit. Year completed: _____

❑ External audit. Year completed: _____

Completed by: _____

❑ Publish a "Sustainability Report" or similar document that is available to the public. *(include in Supplement)*

Last published (year): _____

❑ We have established carbon-reduction targets.

❑ Became carbon-neutral in (year): _____

(c) **Building Footprint:**

❑ LEED head office or other buildings:

❑ Platinum ❑ Gold ❑ Silver ❑ Pending cert.

❑ Certified in _____ (year); or

❑ Other building accreditations (e.g. BOMA, ISO).

❑ Building(s) include following green features:

❑ Green roof ❑ Rainwater collection
❑ EV charging ❑ Solar heating sheets
❑ PV solar panels ❑ Geothermal heating/cooling
❑ Solar hot water ❑ Other (e.g. LED lighting):

_____

(d) What specific actions has your organization taken in the past year to support your environmental programs? *(explain below or in your Supplement)*

_____

# SCHEDULE 3
# CANADA'S TOP EMPLOYERS FOR YOUNG PEOPLE

**Canada's Top Employers for Young People.** First published in 2001, this annual competition recognizes the employers that lead the nation in helping college and university graduates make the transition from school to work.

In addition to offering great opportunities, these employers have well-established entry-level recruitment programs that offer the best opportunities for ongoing career development and advancement.

The winning employers will be announced in a special magazine published online in The Globe and Mail and on Eluta.ca.

*Complete this page to be considered for the **Canada's Top Employers for Young People (2027)** competition:*

(a) **Recruitment Programs.** Our organization participates in the following student recruitment initiatives: *(describe in Supplement)*

- ❑ summer student recruitment. How many last year? ____
- ❑ co-op and work term placements. How many last year? ____
- ❑ paid internships for young people. How many last year? ____
- ❑ unpaid internships for young people. How many last year? ____

(b) **Overall Intake.** Total number of recent graduates that your organization hired on a full-time basis last year: ____

(c) **Workforce Composition.** What percentage of your full-time employees in Canada are under 30 years of age? ____ %

(d) **Health Benefits & Flexible Work Options.** Are the benefits you described in Parts 6 and 8 above available to new graduates when they are hired on a full-time basis? ❑ Yes

(e) **Training & Development.** Our organization provides the following training and development programs for recent grads: *(describe in Supplement)*

- ❑ opportunities for recent graduates to interact with senior managers, e.g. special lunches and on-boarding events
- ❑ employee resource/affinity groups for young people
- ❑ other professional development opportunities (case competitions, end-of-term projects, etc.) NEW

(f) What specific actions has your organization taken in the past year to support young people in the workplace? (*explain below or in your Supplement*)

**Helpful hint:** Apply at no cost to The Career Directory – our online guide that lets recent graduates match their degree or diploma with great employers with entry-level recruitment programs. Published annually for over 30 years. To apply, contact: **tcd@mediacorp.ca**

## SCHEDULE 4
## CANADA'S TOP SMALL & MEDIUM EMPLOYERS (SME)

**Canada's Top Small & Medium Employers (SME).** Canada's SME sector is tremendously important and is responsible for: over half of the nation's gross domestic product; nearly 90% of the private-sector labour force; and over three-quarters of the new jobs created in the last decade. Published annually since 2014, Canada's Top Small & Medium Employers (SME) recognizes small and medium enterprises that lead the nation in creating exceptional workplaces and progressive human resources policies. Employers are evaluated using the same eight criteria as our national competition, but must meet the Statistics Canada definition of a "small or medium" enterprise. The winners are announced each spring in a special magazine published online in The Globe and Mail and on Eluta.ca.

Your responses from the main part of this application will determine our editors' selections for ***Canada's Top Small & Medium Employers (2027)***.

*To be considered for this competition, confirm that your organization meets the StatsCan definition of a "SME" by answering three questions:*

(a) Is your organization a **commercial enterprise?**

❑ Yes, we are a for-profit business.

(b) Do you employ **less than 500 people?**

❑ Yes, we have less than 500 employees worldwide.

(c) Is your organization **a subsidiary or affiliate** of another company?

❑ No, we are independently owned and aren't a subsidiary or affiliate of another company.

❑ Yes, we are a subsidiary of another company or share common ownership with another company:

How many people are employed **worldwide** by your parent company and affiliates, including your own employees? ☐

*Please provide the name and head office address of your parent organization, plus any affiliated companies:*

☐