Inclusive Workforce Employer (I-WE) Employer Application

I-WE’s goal is to reduce disparities and raise awareness of diversity, inclusion, and equity in the workplace by creating a designation to recognize participating employers.

Earn recognition as an employer of choice with a designation as a Workforce Inclusive Employer, championed by the Community Inclusion Council (CIC) whose mission is to recognize employers who are committed to inclusive workplace practices. Take the first step in becoming a part of a forward-thinking group, committed to helping your business and community grow, by completing this application. Please refer to the scoring rubric for details when completing this application.

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| Name of Organization |  | |
| **Name of primary lead for the I-WE designation process** | |  |

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| **EMPLOYER SECTION**  **Employers must comply with the following criteria to be considered for I-WE designation.** |
| 1. Please share your mission, vision, or values statement that illustrates your commitment to an inclusive workforce. 2. Share how your company incorporates inclusion into communication 3. If your mission/values are not inclusive – note your willingness to change 4. Do you have a CEO statement that is inclusive? (please include) How do you weave DEI into the company culture? |
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| 1. Please indicate if your organization has completed a Diversity and Inclusion Assessment, including name of assessment, results, and date. 2. Describe the assessment process 3. Please note how company assessment included review of hiring and retention practices. If it did not, was another assessment or review of these practices completed? Please explain 4. Explain ongoing communication with leadership and staff regarding feedback on goals/action steps of the assessment |
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| 1. Provide a list of the diversity and inclusion education your company provides for staff and management. 2. Who participated in the assessment? (i.e., leadership, all staff) 3. Was training provided was based on assessment results? 4. Describe on-going education/training opportunities |
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| 1. Provide a list of the resources (time, monetary, leadership) your company is committed to building an inclusive community. How does your organization plan to sustain an inclusive workforce and/or community? 2. Are the DEI efforts completed during paid time? How many individuals are involved? (i.e., one dedicated staff person, a committee) 3. Are you applying for grants or looking to outside resources for training? Please list 4. Have your hiring and retention practices changed? Are they inclusive? Share examples of policies and practices that are inclusive |
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| Does the Region 3 Leadership and Planning Board have your permission to communicate your I-WE Designation through local news outlets and social media?  Yes  No |
| Are there stipulations to this permission? |
| Are there any other comments or statements you would like to make regarding your application or the application process? |
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| **APPROVAL SECTION**  **To be completed by the Regional Workforce Alliance** | | |
| Approved | This company  **has** or  **has not** been awarded the Inclusive Employer Designation based on the following:   * All above criteria have been met | |
| Further action required | | * The following criteria has not been met; therefore, further action is required. |
| Comments: | | |

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| **Region 3 Leadership Signature** |  | Date (mm/dd/yy) |

Return the completed I-WE Employer Application Form to Leslie Wojtowicz at [lwojtowicz@cmjts.org](mailto:lwojtowicz@cmjts.org%20)

A logo for a company

Description automatically generated



Upon request, this information can be made available in an alternate format.