



## Employer Survey

This survey is being conducted to find out about your satisfaction with the products and services provided by Commuter Connections and local member organizations that are part of the Commuter Connections network, to help employers implement employee transportation programs. **Your response to this survey is very important to us!** All information you provide will be confidential.

Please return your completed survey and gift request form by February 28, 2014, in the enclosed postage paid envelope. Or if you would rather complete this survey online, enter your responses on the Internet at the following web address: [\(http://\(Will add web address here\)\)](http://(Will add web address here)) *Thanks for your help.*

1 Which of the following best describes your organization type?

- |   |  |
|---|--|
| <input type="checkbox"/> State or local government agency       | <input type="checkbox"/> Federal government agency |
| <input type="checkbox"/> Non-profit organization or association | <input type="checkbox"/> Private company           |
| <input type="checkbox"/> Other _____                            |  |

2 Which of the following best describes the kind of work conducted by your organization.

- |   |   |
|---|---|
| <input type="checkbox"/> Government / public administration                       | <input type="checkbox"/> Non profit advocacy, trade association       |
| <input type="checkbox"/> Computer hardware/software                               | <input type="checkbox"/> Construction                                 |
| <input type="checkbox"/> Business or personnel services, professional consulting  | <input type="checkbox"/> Legal, accounting, architecture, engineering |
| <input type="checkbox"/> Medical / health services                                | <input type="checkbox"/> Hospitality, restaurant, or hotel            |
| <input type="checkbox"/> Education  | <input type="checkbox"/> Manufacturing                                |
| <input type="checkbox"/> Wholesale trade, warehousing                             | <input type="checkbox"/> Retail trade                                 |
| <input type="checkbox"/> Banking, finance, insurance, or real estate              | <input type="checkbox"/> Research and development                     |
| <input type="checkbox"/> Public utilities, telecommunications, water, electricity | <input type="checkbox"/> Transportation / delivery                    |
| <input type="checkbox"/> Other _____  |   |

2a How many worksites does your organization have in the Washington metropolitan region?

2b Do you manage or administer commuter services only for the worksite where your office is located or for multiple worksites in the Washington metropolitan region?

- Only for the worksite where my office is located
- For multiple worksites in the Washington region (please specify the number of worksites )

3 Approximately how many people are employed at the worksite or worksites for which you administer or manage commuter services?

4 Which of the following best describes your role or function in your organization?

- |  |   |
|--|---|
| <input type="checkbox"/> Human resources                       | <input type="checkbox"/> Facilities management                                  |
| <input type="checkbox"/> General management, office management | <input type="checkbox"/> Financial management, accounting                       |
| <input type="checkbox"/> Information technology (IT)           | <input type="checkbox"/> Senior management (e.g., managing partner, owner, CEO) |
| <input type="checkbox"/> Other _____                           |   |

5 Following is a list of transportation information services or benefits that you or another organization might make available to employees at your worksite to help with their travel to work. In the **first column**, check all the services or benefits that are **available to your employees**. For those that are **not available now**, check the second, third, or fourth column to indicate if you might consider, would not consider offering it, or don't know if you would consider offering it.

Service or Benefit	Available to employees now	Not available but might consider offering	Not available and <u>would not</u> consider offering	Not available, don't know if would consider offering
1 Transit schedules				
2 Information on types of transportation employees could use to reach your worksite				
3 Bicycle lockers or racks				
4 On-site Shower and/or locker facilities				
5 Guaranteed Ride Home for employees who don't drive alone to work and have a personal emergency during the work day				
6 Work schedules that permit employees to choose their work arrival and departure times (flex-time)				
7 Compressed workweek, in which employees work a <u>full-time</u> schedule in fewer than five days per week				
8 Allowing some or all employees to work at home at least occasionally (telework)				
9 Reserved or preferential parking for employees who carpool or vanpool				
10 Free parking for all or some employees				
11 Smartbenefits or other financial benefit for employees who ride trains, buses, or vanpools to work				
12 Cash incentive (eg. 'Pool Rewards) or other financial benefit for employees who carpool or vanpool to work				
13 Assistance finding a partner for a carpool or vanpool (ridematching)				
14 Pre-tax account employees can use to pay transportation costs ("Commuter Choice")				
15 SmarTrip cards for easy electronic payment on Metrorail, Metrobus or Metro parking.				
16 Information distribution on Air Quality Action Days				
17 Promotion / organization or provision of carsharing				
18 Employee shuttle service to and from bus stops or train stations				
19 Company-owned or leased vehicles for vanpooling				
20 Financial incentives for employees who bicycle or walk to and from work				
21 Promotion/organization or provision of Bikesharing				

5a Do you offer any other commute assistance services not listed above?

No other services (**skip to Q6**)

Other → (please describe)

- 6 How long has your organization offered information or other services to employees to help them get to work?
- Less than 1 year                       More than 1 year, but less than 2 years  
 2 to 3 years                               More than 3 years                       Don't know
- 6a How long have **you** been involved with or responsible for managing or delivering these services at your worksite?
- Less than 1 year                       More than 1 year, but less than 2 years  
 2 to 3 years                               More than 3 years                       Don't know

- 7 When did your organization first have contact with a representative from Commuter Connections or from a local member organization of the Commuter Connections network or begin to participate in Commuter Connections programs?
- Within the past year                       More than 1 year ago, but less than 2 years ago  
 2 to 3 years ago                               More than 3 years ago                       Don't know

8 What is the name of your Commuter Connections representative or your Commuter Connections network representative?

- 9 In the past year, how often did you communicate with, hear from, or contact this representative?
- Not at all (**skip to Q10**)                       No communication with my representative since service started (**skip to Q10**)
- Every week, most weeks  
 A few times per month  
 A few times during the year  
 Once during the year
- 9a How many times did the representative contact you in person?

- 10 How would you rate the level of contact you've received in the past year?
- Much more than I want                       Somewhat more than I want                       About right  
 Somewhat less than I want                       Much less than I want

- 11 What form of communication would you **most prefer** for communication with your Commuter Connections network representative? (Please check only one answer)
- Postal mail                       Email                       Personal phone calls                       Personal visits  
 Other \_\_\_\_\_

12 Please rate this representative on each of the following service characteristics. Please use a scale of 1 to 5 for your answer, where "1" means "poor" and "5" means "excellent."

Representative Service Characteristic	Poor 1	2	3	4	Excellent 5	Don't know 9
1 Knowledge of Commuter Connections and or local ridesharing and transit products/services	1	2	3	4	5	9
2 Knowledge of local transportation and air quality issues	1	2	3	4	5	9
3 Ability to provide information that is helpful your organization or your employees	1	2	3	4	5	9
4 Willingness to help	1	2	3	4	5	9
5 Professionalism	1	2	3	4	5	9
6 Responsiveness to your requests/questions	1	2	3	4	5	9
7 Timeliness of service	1	2	3	4	5	9
8 Enthusiasm about Commuter Connections or local commuter/rideshare products, services, and programs	1	2	3	4	5	9

13 How satisfied have you been overall with the services you have received from Commuter Connections? Please use a scale of 1 to 5, where “1” means “not at all satisfied” and “5” means “very satisfied.”

- 1 – Not at all satisfied       2       3       4       5 – Very satisfied

13a For what reasons do you give Commuter Connections’ services this rating?

14 How useful have Commuter Connections’ services been to your organization in developing and / or implementing commuter programs or services for your employees? Please use a scale of 1 to 5, where “1” means not at all useful and “5” means “very useful.”

- Have not used any Commuter Connections services (**skip to Q15**)
- 1 – Not at all useful (**skip to Q15**)       2       3       4       5 – Very useful

14a In what ways have the services been useful to your organization?

15 Please indicate how useful each of the following Commuter Connections services has been to your organization. Please use a scale of 1 to 5 for your answer, where “1” means “not at all useful” and “5” means “very useful.” For any services that you have not used, please check “have not used.”

Commuter Connections Services	Not at all useful 1	2	3	4	Very useful 5	Have not used 8	Don't know 9
1 Information brochures for programs such as Guaranteed Ride Home, Bicycling, and Telework	1	2	3	4	5	8	9
2 Plotted carpool/vanpool matching maps	1	2	3	4	5	8	9
3 Posters	1	2	3	4	5	8	9
4 Website	1	2	3	4	5	8	9
5 Workshops or seminars such as Live Near Your Work or Bicycling	1	2	3	4	5	8	9
6 Personal assistance from representative	1	2	3	4	5	8	9
7 Special events such as Bike to Work Day, Car Free Day or Employer Recognition Awards	1	2	3	4	5	8	9

16 Have you used the Commuter Connections employee Commute Survey or another commute survey during the past year?

- Yes       No (**skip to Q17**)       Don't know (**skip to Q17**)

16a Did your representative give you a copy of the statistical summary of your survey?

- Yes       No       Was not a Commuter Connections survey

16b Did your representative use your survey statistics to create an employee commute program or to promote ridesharing in general?

- Yes       No       Was not a Commuter Connections survey

16c Please write in any additional comments you have about the survey or the statistics.

17 How interested would you be in attending any of the following free training programs or workshops? Please use a scale of 1 to 5, where "1" means "not at all interested" and "5" means "very interested."

Training / Workshop Topics	Not at all interested 1	2	3	4	Very interested 5	Don't know 9
1 General information on employee transportation benefits, commute program management	1	2	3	4	5	9
2 Information on Commuter Connections services	1	2	3	4	5	9
3 Guaranteed Ride Home	1	2	3	4	5	9
4 Legislative / tax issues related to travel/commute	1	2	3	4	5	9
5 Transit/ridesharing financial incentives	1	2	3	4	5	9
6 Vanpool formation	1	2	3	4	5	9
7 Marketing	1	2	3	4	5	9
8 Monitoring and evaluation	1	2	3	4	5	9
9 Parking management	1	2	3	4	5	9
10 Telework/telecommuting	1	2	3	4	5	9
11 Air Quality Action Days	1	2	3	4	5	9
12 Live Near Your Work	1	2	3	4	5	9
13 Carsharing	1	2	3	4	5	9
14 Bicycling/bikesharing	1	2	3	4	5	9
15 Other _____	1	2	3	4	5	9

18 How likely are you to recommend Commuter Connections' services to other organizations?

- Very unlikely    
  Somewhat unlikely    
  Neither unlikely nor likely    
  somewhat likely    
  Very likely

19 Do you have any suggestions for improving Commuter Connections' effectiveness in promoting commuter programs and in assisting organizations such as yours in developing commuter programs? Please provide them below.

20 What is the zip code of your worksite?

**Thank you for participating in this survey. We appreciate your input.**

**OPTIONAL— Gift Request Form**

We would like to send you a free gift to thank you. If you would like to receive the gift, please complete the contact information below and return with your completed survey.

<b>Your Name:</b> _____
<b>Address:</b> _____
<b>Phone:</b> _____ <b>Email</b> _____

**Please mail to: Metropolitan Washington Council of Governments, Commuter Connections Program  
ATTN: Employer Survey Coordinator  
777 North Capitol Street, NE, Suite 300, Washington, DC 20002**