



Accredited Quality Contractor Application Form

Instructions:

The AQC application asks questions regarding your business operations, the level of involvement your company has with the local community, and the safety, training and employee benefits your firm offers your employees. Check the appropriate answer that best describes your company's policy or involvement in a particular program. (In future years you will renew with a one-page form.) **All responses will be held in strict confidence.**

Application Scoring Procedures:

Allow at least 30 days for tabulation and review of your documentation. Applications that are not approved will be returned with a refund of the fee (less \$95 for processing), an explanation from the committee on areas for improvement and an invitation to resubmit after 90 days.

AQC Pledge

"As an Accredited Quality Contractor, our company is committed to providing our clients with the highest quality construction services and we care deeply about our employees and the communities in which we build. We are proud to be part of the construction industry and are dedicated to the principle of free enterprise. We commit ourselves to serve our communities and to provide our employees with the skills they need to work safely and productively in order to meet the needs of our clients."

Section 1. QUALITY

- 1.1 Is your company a member in good standing of the Better Business Bureau or the Chamber of Commerce? Yes No
- 1.2 Has your company won an Excellence in Construction award from ABC or has it won other industry or community organization awards demonstrating involvement with exceptional projects? Yes No
(If "Yes" please provide letters of acknowledgement or copies of certificates specifying the job and type of work completed for the awards received.)
- 1.3 Provide three letters of recommendation from three clients your company has worked for in the last year.

Section 2. SAFETY

- 2.1 Provide your company's designation in the Safety Training Evaluation Process (STEP) designation: _____ (*STEP Platinum* or *STEP Gold* for the previous year or at least once in the last two years is required. For a STEP Program Application or more program information visit www.abc.org)
- 2.2 Include a copy of your Safety Handbook or similar information.

Section 3. MANAGEMENT EDUCATION

- 3.1 Provide a table of contents outlining your company's management education curriculum. (Check all that apply.)
- | | |
|--|--|
| <input type="checkbox"/> No training program | <input type="checkbox"/> Supervisor courses |
| <input type="checkbox"/> Management seminars | <input type="checkbox"/> Administrative skills courses |
- 3.2 Indicate which of the following statements best describe your company's policy regarding management education cost.
- | | |
|--|--|
| <input type="checkbox"/> At employee's expense | <input type="checkbox"/> Fully paid by company |
| <input type="checkbox"/> Partially paid by company | |
- 3.3 Does your company provide training to unskilled workers prior to employment?
- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Important Include the following supporting documentation and/or information:

- Training schedule
- Training notices (or similar information)

Section 4. CRAFT TRAINING

- 4.1 Provide a letter from an ABC chapter, the National Center for Construction Education and Research (NCCER) or educational institution certifying that your company participates in an ongoing craft-training program for your employees.

Bonus

Does your company have an employee who is a certified craft instructor?

Yes No

If yes, Name: _____

Title: _____

Important: Include the following supporting documentation and information:

- Training schedule
- Training notices (or similar information)

Section 5. EMPLOYEE BENEFITS

Check the appropriate YES or NO box below regarding your company's insurance plans for both salaried and hourly employees.

5.1 Does your company offer medical insurance coverage?
Salaried Yes No Hourly Yes No
What percentage does your company pay for employees?
Salaried _____ % Hourly _____ %
What percentage does your company pay for dependents?
Salaried _____ % Hourly _____ %

5.2 Does your company offer an ERISA qualified retirement plan?
Salaried Yes No Hourly Yes No

Does your company offer a matching contribution?
Salaried Yes No Hourly Yes No
If yes, what is the match?
Salaried _____ Hourly _____
Is your plan profit sharing?
Salaried Yes No Hourly Yes No

5.3 Does your company offer any disability insurance coverage?
Salaried Yes No Hourly Yes No
If yes, what percentage of the cost does your company pay?
Salaried _____ % Hourly _____ %

5.4 Does your company offer life insurance?
Salaried Yes No Hourly Yes No
If yes, what percentage of the cost does your company pay?
Salaried _____ % Hourly _____ %

5.5 Does your company offer at least two weeks of paid vacation leave?
Salaried Yes No Hourly Yes No
If yes, how many days? Salaried _____ Hourly _____

5.6 Does your company offer at least 5 days paid sick leave?
Salaried Yes No Hourly Yes No
If yes, how many days? Salaried _____ Hourly _____

5.7 Does your company offer at least 6 paid holidays?
Salaried Yes No Hourly Yes No
If yes, how many days? Salaried _____ Hourly _____

5.8 Which of the following benefits does your company offer its employees (check all that apply):

Salaried	Hourly	
<input type="checkbox"/>	<input type="checkbox"/>	“Cafeteria (125) Plan” for applicable benefits
<input type="checkbox"/>	<input type="checkbox"/>	Travel reimbursement to and from project
<input type="checkbox"/>	<input type="checkbox"/>	Per diem

Salaried	Hourly	
<input type="checkbox"/>	<input type="checkbox"/>	Flex time
<input type="checkbox"/>	<input type="checkbox"/>	Jury duty leave
<input type="checkbox"/>	<input type="checkbox"/>	Parental leave
<input type="checkbox"/>	<input type="checkbox"/>	Accidental Death & Dismemberment (AD&D)
<input type="checkbox"/>	<input type="checkbox"/>	Incentive bonus plan (safety, completion, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Holiday bonus pay
<input type="checkbox"/>	<input type="checkbox"/>	Paid bereavement leave
<input type="checkbox"/>	<input type="checkbox"/>	Employee recognition awards (non-monetary)
<input type="checkbox"/>	<input type="checkbox"/>	Employee Assistance Plan (EAP)

Bonus Questions

Does your company have a company newsletter?
 Yes No

Does your company provide company vehicles?
 Salaried Yes No Hourly Yes No

Does your company have subsidized day care (child/disabled/elderly)?
 Salaried Yes No Hourly Yes No

Does your company offer an Employee Stock Ownership Plan (ESOP) not tied to a retirement plan?
 Salaried Yes No Hourly Yes No

Does your company offer a stock purchase plan (matched and/or unmatched)?
 Salaried Yes No Hourly Yes No

Describe any other innovative company programs your company has that you would consider industry trend setting: _____

Important: Include the following supporting documentation and information:

- Employee benefit handbook (or similar information)
- Any additional information or materials that would be helpful to us in making a determination

Section 6. COMMUNITY RELATIONS

6.1 Describe your company sponsorships and efforts to encourage its employees to join and participate in civic-oriented activities, such as blood donation drives, adopt-a-highway and adopt-a-school programs, home fix-up efforts, athletic team sponsorships, etc? _____

- Attach materials that are used to promote and communicate your company efforts.

6.2 Does your company partner in chapter community service programs?
 Yes No

- Attach materials that are used to promote and communicate your company efforts.

6.3 Does your company actively participate in civic and community projects or support charitable organizations, such as United Way?
Yes No

- Attach materials that are used to promote and communicate your company efforts.

6.4 Does your company make speakers available to civic groups, school career days, etc?
Yes No

- Attach materials that are used to promote and communicate your company efforts.

6.5 Does your company have a policy statement on diversity?
Yes No

If Yes, has your company's chief executive officer signed this statement?
Yes No

- Attach a copy of your company's policy statement on diversity

6.6 Does your company offer diversity training for new employees and supervisors?
Yes No

6.7 Does your company employ minorities reflective of the market you are servicing?
Yes No

6.8 Are your company's worksites gender friendly with equal facilities for men and women?
Yes No

6.9 Does your company encourage the use of minority vendors and local purchasing?
Yes No

6.10 Does your company have employee-recruitment programs, such as partnerships with local schools, employee-referral incentive programs, etc?
Yes No

6.11 Does your company participate in activities that positively affect the image of our industry, such as school programs, Habitat for Humanity or other community outreach programs?
Yes No

- Attach materials that are used to promote and communicate your company efforts.

6.12 Does your company provide ABC logos for jobsites?
Yes No

6.13 Does your company provide ABC logos for hard hats?
Yes No

6.14 Does your company provide company uniforms?
Yes No

Bonus Questions

Does your company have a summer employment program for students from diverse backgrounds, such as INROADS?

Yes No

- Attach materials that are used to promote and communicate your company efforts.

Does your company offer second language courses, such as Spanish for English-speaking supervisors?

Yes No

INDUSTRY IMAGE

Important: Include the following supporting documentation and information to support ABC's ability to promote your company accomplishments:

- Press clippings from in-house newsletter or local publications
- Copies of plaques or certificates of appreciation
- Thank you letters
- Photographs

Note: All items listed immediately above will become the property of Associated Builders and Contractors, Inc. and its subsidiaries, and may be used in promoting a positive image of the association and merit shop construction industry.

APPLICANT INFORMATION:

Company: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Website Address: _____

Primary Contact: _____

Title: _____ Email Address: _____

Type of Contractor: General Subcontractor (specify) _____

Approximate Annual Volume: \$ _____

Employees: _____ Annual Man-hours Worked: _____

ABC Home Chapter: _____

What other chapters, where you are currently a member and have a branch office, would you like to be listed as an AQC Member? (If your company is a member in more than three chapters, provide your list of additional chapters on an attached sheet.) Each branch office will receive an AQC Plaque and be listed in ABC's "www.FindContractors.com" website for referrals. Please add \$50 for each branch office listing to your company's \$295 application fee.

Chapter: _____

Primary Company Contact: _____

Chapter: _____

Primary Company Contact: _____

Chapter: _____

Primary Company Contact: _____

By my signature below, I affirm that I have answered accurately and truthfully each of the questions in this application to the best of my ability. I understand that Associated Builders and Contractors is authorized to request additional information to assist in authenticating this application, and that ABC reserves the right to audit this application. ABC National has ownership of the materials provided and has the permission of this company to refer its name to construction buyers and other construction users.

Signature of Company Principal

Name of Company Principal: _____ Date: _____

Allow at least 30 days for tabulation and review of your documentation. Applications that are not approved will be returned with a refund of the fee (less \$95 for processing), an explanation from the committee on areas for improvement and an invitation to resubmit after 90 days

Send this completed form, supporting documentation and a check, payable to Associated Builders and Contractors, Inc., for the sum of \$295 plus an additional fee of \$50 for each branch office listed.

**ABC Accredited Quality Contractor Program
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Questions? Call 703-812-2061 or email bentley@abc.org