

# Application for Thrive! Living Wage Employer Certification

for Employers Paying the Living Wage  
or Equivalent with Benefits

## THRIVE! EMPLOYER RECOGNITION PROGRAM 2019-2021 Thrive! Living Wage Certification



Before beginning please make sure the following are true:

- I have read and understand the “**About the Thrive! Employer Recognition Program**” document.
- The employer applying for certification **pays** all non-exempt employees the most up-to-date **living wage rate** (\$13.25/hour) or equivalent with basic needs benefits.

### Section 1: Basic Employer and Program Information

Name of Employer/Business/Organization \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Facebook Page Name: \_\_\_\_\_ Twitter handle: \_\_\_\_\_

Business Owner/Director Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Business Email: \_\_\_\_\_ Primary Contact Email: \_\_\_\_\_

Please specify how many locations in La PLata County your business has for recognition decals: \_\_\_\_\_

Select Type of Organization: For-Profit Nonprofit Government Faith-Based Other: \_\_\_\_\_

### Section 2: Certification Eligibility

1. Total number of employees you have (include “living-wage-exempt” employees): \_\_\_\_\_

(This amount should equal the total of 1a and 1b)

a. Number of full-time employees (35 or more hours per week): \_\_\_\_\_

b. Number of part-time employees (1 to 34 hours per week): \_\_\_\_\_

2. What number of employees listed above are “living-wage-exempt” Thrive defines

“living-wage-exempt” employees as: apprentices, interns, temporary or project-based employees working no more than 45 days per year, minors working part-time, new hires whose probationary period does not exceed 90 days, or AmeriCorps members :

(If none please mark “0”)

- a. Apprentices or interns: \_\_\_\_\_
  - b. Minors: \_\_\_\_\_
  - c. Temporary or project based employees: \_\_\_\_\_
  - d. Number of new hires whose probationary period does not exceed 90 days. Included in the total of living-wage-exempt employees: \_\_\_\_\_
  - e. Number of Americorp Members: \_\_\_\_\_
  - f. other "living-wage-exempt" (describe below): \_\_\_\_\_
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**3. What number of employees receive tips as a significant part of their income\*\*:** \_\_\_\_\_

\*\*Each employee's wage and tips must equal at least \$13.25/hour in a pay period.

**4. Number of employees who receive commission as a portion of their income\*\*:** \_\_\_\_\_

\*\*Employee's wages and tips must equal at least \$13.25/hour in pay period.\*\*

**5. Hourly pay for your non-exempt employees:** (circle one)

Do you pay at least \$13.25 an hour to all your employees? Y N

(excluding "living-wage-exempt" see "About" document, "Definitions")

***If yes, skip to question 6.***

***If no, please answer all questions below.***

**6. Potential Qualifying Benefits:**

- a. Do you provide a vehicle or other means of transportation? Y N
- b. Do you provide meals or food assistance? Y N
- c. Do you provide health insurance? Y N

*Please ask the TERP Coordinator for more information about qualifying needs benefits*

- d. Other (specify) \_\_\_\_\_ Y N

**7. Independent Contractors:**

- a. Do you hire independent contractors that you pay on an hourly basis? Y N

**If yes, please specify the lowest hourly wage paid to independent contractors.** This wage must be \$1.26 over the living wage rate, or \$14.51, to be eligible for TERP: \_\_\_\_\_

**8. Qualifying for Living Wage Certification:**

- a. Did you increase **wages** to any employees in order to meet our criteria? Y N

If you checked yes above, **please specify how many employees received raises**, the amount of each raise, and how many hours each employee works per week. This information helps us with future funding and promoting the impact of our program: \_\_\_\_\_

- b. Did you increase other **benefits** in order to meet our criteria? Y N

**9. Confirmation:**

- a. Do you attest that the information above is **true and accurate** to the best of your knowledge? Y N
- b. Do you attest that you have **read and understand** the "About the Thrive! Employer

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| Recognition Program” document?   | Y N |
| c. Do you attest that your organization endorses the Thrive! Living Wage Principle:<br>“All workers should be paid a living wage”?                                 | Y N |
| d. Do you attest that you shall <b>post the “Living Wage Certification Information”</b> as indicated in “About the Thrive! Employer Recognition Program” document? | Y N |
| e. Do you attest that you are <b>not withholding any information</b> that could negatively affect this application?  | Y N |
| f. Do you agree that your business <b>will not take retaliatory action against employees</b> raising questions or concerns?  | Y N |
| g. Do you have the <b>authority to represent your organization</b> by signing below?   | Y N |

Name (print): \_\_\_\_\_ Signed: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 3: Optional Certification Program Benefits (does not affect program eligibility)**

*Please check all optional benefits that you would like to take advantage of:*

- Receive “Living Wage Certified” certificate and/or decal to display at your place of business
- Highlight your events, promotions, and sales on the Thrive! Facebook Page
- Receive publicity through Thrive! advertisements in local media
- Promote your business through Thrive! email and printed materials
- Profile your business on the Thrive! Website
- Be contacted by local media regarding Thrive! publicity
- Participate in Thrive! events promoting the Certification Program and certified employers
- Receive our monthly E-newsletter with events and updates
- I do NOT want to take advantages of these benefits currently

**Section 4: Feedback and Testimonial (use other side for additional space):**

1. For promotional purposes, please tell us why you believe it is **important** to pay a living wage and/or how you believe it **benefits** your business.

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May we include you **name** and **business** with your testimonial on our website and promotional materials? Y N

2. To help us improve our program, please provide any feedback you may have for us.

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3. How did you hear about Thrive! Living Wage Coalition?

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*Please return the completed application to Thrive! Living Wage Coalition, PO Box 172, Durango, CO 81302. Feel free to include comments, concerns or suggestions with your application. If you know of any businesses that would benefit from our program, please refer them to me.*

*Thank you,*

*Gloria Kaasch-Buerger, Program Coordinator  
(970) 335-8114  
thrivelaplata@gmail.com*