



Count Me In

Why Conduct A Census?

The purpose of this Workforce Census is to collect information about our workforce so that we can better understand how to serve the needs of our employees and our organization. The results of this Census will provide OPS with the ability to identify the demographic characteristics of our employee population. This information will in turn be used to develop and implement specific programs, policies, and practices that support its employees. The Census results will also help the organization to better address the needs of the community, develop its workforce, recruit new employees and conduct succession planning.

Why Should YOU Participate?

It is critical that we are all "counted in." In order for OPS to better serve the needs of its employees, it is important that we get an accurate and honest indication of who our employees are and what characteristics they bring to the workforce. The more employees respond to this survey, the more accurate we can be in terms of understanding the composition and needs of our workforce.

How Is My Privacy Protected?

The information you provide will be analyzed by an external consulting firm (TWI Inc). The information you provide is anonymous and will be kept strictly confidential by the external consulting company who will process the results. No individual results will be made available to OPS. Your responses will be combined with the responses of other OPS employees and reported in aggregate form only.

Who Can I Contact for More Information?

If you would like more information or require assistance with completing this form, please visit the *Census Zone* on the Intranet or contact Staff Sergeant Syd Gravel at ext. 2905 or by e-mail.

What Should I Do with My Completed Survey?

Place the completed CENSUS in the envelope addressed to TWI Inc. and seal the envelope for mailing. You can either: Mail your Census through any off site Canada Post mail box or simply deposit it into the internal mail process within OPS. The OPS mailroom will package the envelopes in batches so that the batches can be sent by courier to TWI Inc.

We are collecting information to understand the composition of our workforce. This information will help us to better meet the needs of our employees, our organization and the communities in which we operate.

All of the information that is collected is anonymous. Individual results will be kept strictly confidential by the external consulting company who will process the results. Your responses will be combined with the responses of other OPS employees and reported in aggregate form only.

The following questions ask you to provide information about characteristics that impact on your life at work. Please respond as accurately as possible by checking the appropriate box.

Organizational Demographics

1. What division do you currently work in?

- Executive Services
- Support Services
- Criminal Investigation Services
- Emergency Operations
- Corporate Services
- Patrol Services, West Division
- Patrol Services, Central Division
- Patrol Services, East Division

2. At what Police station or building do you currently work most of the time?

- 474 Elgin St.
- 245 Greenbank Rd.
- 3343 St-Joseph Blvd.
- 95 Abbeyhill Dr.
- 4561 Bank St.
- Provincial Court House
- Ottawa International Airport
- A Community Police Centre
- Other (*Please specify*) _____

3. What is your status with the OPS?

- | | |
|--|------------------------------|
| <input type="checkbox"/> Civilian | <u>Are you a supervisor?</u> |
| <input type="checkbox"/> Special Constable | <input type="checkbox"/> No |
| <input type="checkbox"/> Constable | <input type="checkbox"/> Yes |
| <input type="checkbox"/> NCO (sergeants, staff sergeants) | |
| <input type="checkbox"/> Acting NCO (sergeants, staff sergeants) | |
| <input type="checkbox"/> Sr. Officer/Director | |
| <input type="checkbox"/> Acting Sr. Officer/Director | |

4. Are you working full-time or part-time, and on a permanent or contract basis?

(*Full time: 35-40 hours or more per week; Part time: less than 35 hours per week*)

- | | |
|---|---|
| <input type="checkbox"/> Full-time, permanent | <input type="checkbox"/> Part-time, permanent |
| <input type="checkbox"/> Full-time, term | <input type="checkbox"/> Part-time, term |
| <input type="checkbox"/> Other arrangements | |

Work Activities

5. Last week, how many hours did you spend working for pay?

Regular/required duty

- None
- Less than 5 hours
- 5 to 14 hours
- 15 to 24 hours
- 25 to 34 hours
- 35 to 44 hours
- 45 to 54 hours
- 55 to 64 hours
- 65 to 74 hours
- 75 hours or more

Overtime for OPS

- None
- Less than 5 hours
- 5 to 14 hours
- 15 to 24 hours
- 25 to 34 hours
- 35 to 44 hours
- 45 to 54 hours
- 55 to 64 hours
- 65 to 74 hours
- 75 hours or more

6. Last week, how many hours did you spend doing the following unpaid activities?

Looking after children

(e.g., bathing, playing, driving, helping)

- None
- Less than 5 hours
- 5 to 14 hours
- 15 to 29 hours
- 30 to 59 hours
- 60 hours or more

Other dependent care

(e.g., personal care, assistance of any type, keeping company)

- None
- Less than 5 hours
- 5 to 14 hours
- 15 to 29 hours
- 30 to 59 hours
- 60 hours or more

Housework, yard work or home maintenance

(e.g., meals, laundry, shopping, lawn)

- None
- Less than 5 hours
- 5 to 14 hours
- 15 to 29 hours
- 30 to 59 hours
- 60 hours or more

Volunteering on behalf of OPS

(e.g., United Way campaign, Boys and Girls Club events, Flatfooters)

- None
- Less than 5 hours
- 5 to 14 hours
- 15 to 29 hours
- 30 to 59 hours
- 60 hours or more

Volunteering outside of OPS

(e.g., charitable organizations, coaching children's sports)

- None
- Less than 5 hours
- 5 to 14 hours
- 15 to 29 hours
- 30 to 59 hours
- 60 hours or more

7. How do you spend your time outside work?

(You may check more than one category.)

- Dependent care
- Religious needs
- Personal medical needs
- Volunteering/community activities
- Hobbies
- Physical fitness
- Other *(Please specify)* _____

Children and Other Dependents

8. Who do you provide dependent care for?

(You may check more than one category.)

- No dependent care responsibilities (Skip to question 10)
- Children
- Elders
- An immediate family member (other than child or elder indicated above)
- Friend (other than child or elder indicated above)
- Dependents with special needs
- Other (Please specify) _____

9. How old are the dependents living with you?

(You may check more than one category.)

- No dependents are living with me (Skip to question 10)
- Younger than 6 years Number of dependents: _____
- 6 to 14 years Number of dependents: _____
- 15 to 17 years Number of dependents: _____
- 18 to 29 years Number of dependents: _____
- 30 years or older Number of dependents: _____

10. In the past 12 months, how often did someone else provide dependent care while you work?

(Please check only one frequency for each of the categories in the left-hand column.)

	Never	Infrequently	Regularly	Most of the time	Always
Spouse/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitter/neighbour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nanny	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eldercare facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Workforce Demographics

11. What age group do you belong to?

- 24 years or younger
- 25 to 34 years
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 years or older

12. Which of the following best describes your marital status?

- Never legally married (*single*)
 - Legally married (*and not separated*)
 - Separated, but still legally married
 - Common Law (*living together but not legally married*)
 - Divorced
 - Widowed
- Is your partner also an OPS member?
- No
 - Yes

13. What is your gender?

- Male
 - Female
- Are you transgendered?
- No
 - Yes

14. What is your sexual orientation?

- Heterosexual
- Gay
- Lesbian
- Bisexual
- Two-spirited
- Questioning

15. a) What is your highest level of education?

- Elementary school
- Secondary school
- Trades certificate or diploma
- College, without trade or college certificate or diploma
- College, with trade certificate/diploma
- College, with college certificate/diploma
- University, with first degree not completed
- University, first degree completed
- University degree post-bachelor
- University masters degree
- University degree in medicine, dentistry, veterinary medicine or optometry
- University doctorate degree

b) What was the major field of study or training of your highest level of education?

(e.g., accounting, carpentry, civil engineering, history, legal secretary, welding, etc.)

Specify: _____

16. What specific certification/skills do you bring to the workplace?

(e.g., dog trainer, Certified Accountant, professional photographer, first aid)

a. _____ b. _____ c. _____

17. In the past nine months, did you attend a school, college, or university?

- No
- Yes, part-time
- Yes, full-time

18. Please indicate the ethnic/cultural group(s) to which you, your parents, your grandparents, and your spouse/partner belong:

The list alphabetically reflects the dominant ethnic origins in Ottawa-Gatineau. Should the applicable ethnic/cultural group not be listed, please specify in the space provided below.

(You may check more than one category.)

You

- Canadian
 - English
 - French
- American (USA)
- Arab
- British, *not included elsewhere*
- Chinese
- Dutch (Netherlands)
- East Indian
- English, *not included elsewhere*
- French, *not included elsewhere*
- German
- Haitian
- Hungarian (Magyar)
- Irish
- Italian
- Jamaican
- Jewish
- Lebanese
- Métis
- North American Indian
- Polish
- Portuguese
- Russian
- Scottish
- Somali
- South-Asian
- Spanish
- Ukrainian
- Vietnamese
- Welsh
- Other (*Please specify*) _____

Your Parents

- Canadian
 - English
 - French
- American (USA)
- Arab
- British, *not included elsewhere*
- Chinese
- Dutch (Netherlands)
- East Indian
- English, *not included elsewhere*
- French, *not included elsewhere*
- German
- Haitian
- Hungarian (Magyar)
- Irish
- Italian
- Jamaican
- Jewish
- Lebanese
- Métis
- North American Indian
- Polish
- Portuguese
- Russian
- Scottish
- Somali
- South-Asian
- Spanish
- Ukrainian
- Vietnamese
- Welsh
- Other (*Please specify*) _____

(You may check more than one category.)

Your Grandparents

- Canadian
 - English
 - French
- American (USA)
- Arab
- British, *not included elsewhere*
- Chinese
- Dutch (Netherlands)
- East Indian
- English, *not included elsewhere*
- French, *not included elsewhere*
- German
- Haitian
- Hungarian (Magyar)
- Irish
- Italian
- Jamaican
- Jewish
- Lebanese
- Métis
- North American Indian
- Polish
- Portuguese
- Russian
- Scottish
- Somali
- South-Asian
- Spanish
- Ukrainian
- Vietnamese
- Welsh
- Other (*Please specify*) _____

Your Spouse/Partner

- Canadian
 - English
 - French
- American (USA)
- Arab
- British, *not included elsewhere*
- Chinese
- Dutch (Netherlands)
- East Indian
- English, *not included elsewhere*
- French, *not included elsewhere*
- German
- Haitian
- Hungarian (Magyar)
- Irish
- Italian
- Jamaican
- Jewish
- Lebanese
- Métis
- North American Indian
- Polish
- Portuguese
- Russian
- Scottish
- Somali
- South-Asian
- Spanish
- Ukrainian
- Vietnamese
- Welsh
- Other (*Please specify*) _____

19. Are you a Canadian citizen?

- Yes
- No

20. a) If "No" under 19), are you a permanent resident (landed immigrant) of Canada?

- Yes
- No

b) If "Yes" under 20a), when did you become a permanent resident?

- Before 1971
- 1971-1975
- 1976-1980
- 1981-1985
- 1986-1990
- 1991-1995
- 1996-2000
- 2001-2005

21. Members of visible minorities means persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour.

Based on this definition, do you consider yourself to be a visible minority person?

- No
- Yes

22. Please indicate your group membership from the options below.

(You may check more than one category.)

- White
- Chinese
- South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)
- Black
- Filipino
- Latin American
- Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese, etc.)
- Arab
- West Asian (e.g., Afghan, Iranian, etc.)
- Japanese
- Korean
- Other *(Please specify)* _____

23. Aboriginal peoples means persons who are North American Indian, Métis or Inuit.

Based on this definition, do you consider yourself to be of Aboriginal ancestry?

- No
- Yes, I'm:
 - North American Indian
 - Métis
 - Inuit

24. Persons with disabilities refers to persons who have a long-term or recurring physical, mental, sensory, psychiatric, or learning impairment and who:

- a. consider themselves to be disadvantaged in employment by reason of that impairment, or
- b. believe that an employer or potential employer is likely to consider them to be disadvantaged in employment by reason of that impairment,

and includes persons whose functional limitations owing to their impairment have been accommodated in their current job or workplace.

Based on this definition, do you consider yourself to be a person with a disability?

- No
- Yes

25. What is your religion?

- No religion
- Buddhist
- Christian Orthodox
- Christian, *not included elsewhere*
- Hindu
- Jewish
- Muslim
- Protestant
- Roman Catholic
- Sikh
- Other *(Please specify)* _____

26. What language(s) can you speak well enough to conduct a conversation?

(You may check more than one category.)

- English only
- Both English and French
- Other language(s): *(Please indicate below.)*

<input type="checkbox"/> Aboriginal languages <i>(e.g., Algonquian, Athabaskan, Iroquian)</i>	Specify: _____
<input type="checkbox"/> African languages <i>(e.g., Somali, Bantu, Niger-Congo languages)</i>	Specify: _____
<input type="checkbox"/> Asiatic languages <i>(e.g., Chinese, Japanese, Korean, Lao, Malay, Tagalog, Tamil, Vietnamese)</i>	Specify: _____
<input type="checkbox"/> European languages <i>(e.g.: Arabic, Croatian, Hebrew, Italian, Spanish, Polish, Greek, Turkish)</i>	Specify: _____
<input type="checkbox"/> Indo-Iranian languages <i>(e.g., Bengali, Gujarati, Hindi, Kurdish, Punjabi, Urdu)</i>	Specify: _____
<input type="checkbox"/> Languages related to physical disability <i>(e.g., Braille, Sign language)</i>	Specify: _____
<input type="checkbox"/> Other languages, <i>not included above</i>	Specify: _____

27. What language(s) do you use on a regular basis in your job at OPS?

- English only
- Both English and French

28. Have you ever used any of these languages in your job at OPS?

(You may check more than one category.)

<input type="checkbox"/> Aboriginal languages <i>(e.g., Algonquian, Athabaskan, Iroquian)</i>	Specify: _____
<input type="checkbox"/> African languages <i>(e.g., Somali, Bantu, Niger-Congo languages)</i>	Specify: _____
<input type="checkbox"/> Asiatic languages <i>(e.g., Chinese, Japanese, Korean, Lao, Malay, Tagalog, Tamil, Vietnamese)</i>	Specify: _____
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<input type="checkbox"/> Languages related to physical disability <i>(e.g., Braille, Sign language)</i>	Specify: _____
<input type="checkbox"/> Other languages, <i>not included above</i>	Specify: _____



***Thank you for completing the
OPS “Count Me In” Workforce
Census and for helping us to
better serve you, our employees,
our organization and our
community!***