



Employee Evaluation

Preferred Employee Name _____

Date _____

Providing our customers and employees with high quality service is a top priority at Preferred. Your opinions on our performance help us improve and enhance our service to you. Please take a few minutes to complete this questionnaire, being candid and honest in your responses. Thank you for helping us serve you better.

Please rate this Preferred employee on the following:	Excellent	Good	Average	Fair	Poor	N/A	Comments
1. Ability to follow instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Speed at becoming proficient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Ability to adapt to the work environment and work cooperatively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Acceptance of supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Quality of work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Quantity of work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Manner of dress and presentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Qualifications to meet your work requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Attendance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Overall performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. If the need arises, will you specifically request this employee again?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unsure		

To help us continually improve the service we provide, we would like to share your responses with this employee. If you prefer they be kept confidential, please check here:

Name _____ Title _____ Company _____

Telephone _____ Email _____ Date _____