



EVALUATION FORM

Project: _____

Employer Name: _____ Job Title/Class: _____

Employee Name: _____ Start/End Date: ___/___/___ - ___/___/___

___ INTERVIEW

___ HIRED: ___ Full-Time ___ Part-Time ___ On-Call ___ Subject to rehire

___ NOT HIRED

___ JOB COMPLETED

___ TERMINATED: Date of Termination: ___/___/___

Reason for termination: ___ Safety Violation ___ Work Ethics ___ No Call/No Show ___ Other

Comments:

RATE THIS EMPLOYEE, ON A SCALE OF 1-10, ON THE FOLLOWING:

Attendance	
Knowledge of skills required for the job/classification for which they were referred	
Knowledge of proper use of tools or equipment required for this position	
Used time productively	
Ability to work cooperatively with others	
Attitude	
Other:	

AUTHORIZED EMPLOYER REPRESENTATIVE

I understand that the information provided above will be taken in the strictest of confidentiality, and is to be used to assist TERO in assessing the level of skill and training needs of TERO referred workers.

Employer Representative: _____ Date: _____

Please Return to Lummi TERO:

Mail:	Email:	Fax:
2665 Kwina Rd Bellingham, WA 98226	Teresarays@lummi-nsn.gov or AlishaP@lummi-nsn.gov	360-380-6990