



# 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  
2665 Kwina Rd  
Bellingham WA. 98226**

**Or email:**

[Teresarayb@lummi-nsn.gov](mailto:Teresarayb@lummi-nsn.gov)