

Employee Self-Evaluation Form

Please answer all of the following questions to the best of your ability. These questions cover the experience you have had at your current place of employment. Please answer every question and circle the number in each of the columns that best describes how you feel about these statements. When you are done, add up the numbers in each column and write the total in the last row.

Question..	Don't Agree (0)	Somewhat Agree (1)	Agree [2]	Strongly Agree (3)	Totally Agree (4)
1. I know, and understand, the responsibilities of my job.					
2. I know who my supervisor is, and what their responsibilities are.					
3. I feel that my workload is heavier than it needs to be.					
4. I feel that I can go to my supervisor with any problem that I may have.					
5. I know what my benefits are.					
6. I believe that I am a productive in my job.					
7. I believe that I am part of a productive, and active team.					
8. I know what my company's long term goals are.					
9. I am familiar with the organizational structure of the company.					
10. I believe that I have had enough training to perform my job.					
Total the number for each column.					
Add all the columns together					

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