**Employee Self-evaluation Form**

Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1** - Unsatisfactory; **2 -** Satisfactory: **3 -** Average; **4** - Above Average: **5** - Exceptional

|  |  |  |  |
| --- | --- | --- | --- |
|  | Evaluation Criteria | Rating (1 to 5) | Comments |
| 1 | Job Knowledge |  |  |
| 2 | Work Quality |  |  |
| 3 | Attendance |  |  |
| 4 | Communication Skills |  |  |
| 5 | Productivity |  |  |
| 6 | Work Quantity |  |  |
| 7 | Work Quality |  |  |
| 8 | Knowledge of job |  |  |
| 9 | Attitude |  |  |
| 10 | Initiative |  |  |
| 11 | Cooperation |  |  |
| 12 | Enthusiasm |  |  |
| 13 | Work consistency |  |  |
| 14 | Judgment |  |  |
| 15 | Managerial skills |  |  |

**Describe the goals you had set out to accomplish for this period**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which goals did you accomplish?**

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**What other objectives did you meet, or beyond your stated goals?**

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**Which achievement(s) are you most proud of in this company?**

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**What are your expectations for the next evaluation?**

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**How would you achieve your goal/ meet the expectation?**

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**Additional Comments**

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date