**DEALER NAME**

**Technician Self-Evaluation Form**

Date:

Technician name:

Ratings: Unacceptable=1 Below Par=2 Average=3 Superior=4 Outstanding=5

Please note how you arrived at a rating if you feel it will help us understand your rating.

|  |  |
| --- | --- |
| **Category** | **Rating** |
| **Quantity of Work** |  |
| How many hours can I produce as a Technician  |  |
| Capabilities |  |
| Job Knowledge (Techniques and Background) |  |
|  |  |
| **Quality of Work** |  |
| Fix It Right the First Time |  |
| Repeat Repairs |  |
|  |  |
| **Teamwork** |  |
| Relationship with Management |  |
| Relationship with Co-workers |  |
| Sharing workload with others |  |
|  |  |
| **Decision-making** |  |
| Makes appropriate and logical decisions |  |
| Explains and gains support for decisions |  |
| Repair Order Write-ups |  |
|  |  |
| **Takes Initiative** |  |
|  |  |
| **Ability to Communicate** |  |
|  |  |
| **Dependability** |  |
| Punctuality |  |
| Absenteeism |  |
| Timeliness and Completeness of work |  |
| Keeps Bay(s) Clean |  |
|  |  |

Indicate any particular strengths/weaknesses you feel you possess:

Describe what you have learned on the job as it relates to personal or professional growth:

Make any comments regarding the work experience you feel is appropriate:

If I could change one thing, what would it be:

What types of training and growth opportunities are important to me:

|  |
| --- |
|  |
| Desired Career Path Timeline |  |
| Desired Training |  |
| Desired Pay  |  |

This report has been discussed with the employer: \_ Yes \_ No

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Technician Signature Dealer Management Signature