

# Your Name Here

## Employee Self-Evaluation Form

Please answer all of the following questions to the best of your abilities. Place a check mark in the appropriate box to indicate your answer. Once you have finished answering the questions total all of the scores in each of the columns, and then add each of the columns into one comprehensive score. This final score is your self-evaluation score; the higher that this score is, then the more confident you feel about the company, it's structure, and your role within the company.

<b>Question.</b>	<b>Don't Agree (0)</b>	<b>Somewhat Agree (1)</b>	<b>Agree (2)</b>	<b>Strongly Agree (3)</b>	<b>Totally Agree (4)</b>
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.					
<b>Total the number for each column.</b>					
<b>Add all the columns together</b>					