

CONTRACTOR'S EVALUATION OF CW-CE-MH

Contractor _____

Employee Name: _____

This form is to be filled out and signed by the Contractor with whom the CW-CE-MH is working. The Contractor is to give remarks and sign as to the quality of the CW-CE-MH. When the form has been completed, return to the Local Union /JATC office as soon as possible.

Prepare this "Rating" carefully & accurately. Its value relies on your impartiality and sound judgment. Evaluate each characteristic or trait separately and independently. Your honesty & cooperation is greatly appreciated.

Check that best describes this CW-CE-MH, and PLEASE, give us YOUR comments.

- | | | |
|---|---|---|
| <p>1. INITIATIVE:
 <input type="checkbox"/> Room for improvement
 <input type="checkbox"/> Average
 <input type="checkbox"/> Helps keep job moving</p> | <p>5. MECHANICAL APTITUDE:
 <input type="checkbox"/> Very little
 <input type="checkbox"/> Average (considering period)
 <input type="checkbox"/> Very high
 <input type="checkbox"/> _____
 Other: please explain</p> | <p>8. USE OF WORKING TIME:
 <input type="checkbox"/> Dangerous (disregards rules)
 <input type="checkbox"/> Average
 <input type="checkbox"/> Safety conscious</p> |
| <p>2. ATTITUDE:
 <input type="checkbox"/> Resentful-uncooperative
 <input type="checkbox"/> Acceptable
 <input type="checkbox"/> Cooperative, helpful, alert</p> | <p>6. RESPONSIBILITY:
 <input type="checkbox"/> Unconcerned-Lackadaisical
 <input type="checkbox"/> Acceptable (considering period)
 <input type="checkbox"/> Very dependable
 <input type="checkbox"/> _____
 Other: please explain</p> | <p>9. USE OF WORKING TIME
 <input type="checkbox"/> Loafs
 <input type="checkbox"/> Fair
 <input type="checkbox"/> Stays busy</p> |
| <p>3. ATTENDANCE:
 Frequently <input type="checkbox"/> Late <input type="checkbox"/> Off work
 Seldom <input type="checkbox"/> Late <input type="checkbox"/> Off work
 Never <input type="checkbox"/> Late <input type="checkbox"/> Off work</p> | <p>7. ACCURACY
 <input type="checkbox"/> Makes many careless errors
 <input type="checkbox"/> Average (considering period)
 <input type="checkbox"/> Does it right
 <input type="checkbox"/> _____
 Other: please explain</p> | <p>10. PERSONAL APPEARANCE/HYGIENE
 <input type="checkbox"/> Poor
 <input type="checkbox"/> Acceptable
 <input type="checkbox"/> Neat and Presentable</p> |
| <p>4. ATTIRE:
 <input type="checkbox"/> Wears proper work clothes
 <input type="checkbox"/> _____
 Other: please explain</p> | | <p>11. TOOLS
 <input type="checkbox"/> Has proper, well maintained tools
 <input type="checkbox"/> _____
 Other: please explain</p> |

You are encouraged to discuss your evaluation with the CW-CE-MH, thereby allowing shortcomings to be immediately addressed.

1. Length of time CW-CE/MH employed with this Contractor (hours) _____
2. Work Skills are: Positive Negative **IMPROVEMENT NEEDED?** YES NO
3. Provide the names of all of the J.W.'s who have been working this CW-CE-MH over the last two months.

JW's Name (please print)

JW's Name (please print)

JW's Name (please print)

JW's Name (please print)

Contractor Representative: _____
Print Name
Signature
Date

JW Comments: _____

Contractor Representative Comments: _____
