

Self Evaluation/Performance Appraisal

Name _____

Position _____

Department _____

Job Knowledge: Comment on your job knowledge as it relates to your job responsibility. Is additional training needed? Do you share your job knowledge with others? In your mind how valuable is your knowledge to the dealership?

Dependability: Comment on your dependability as it relates to your area, your co-workers, your manager, your attendance.

Communication: How well do you communicate with others? How do others perceive your communication with them?

Initiative: Comment on your initiative/drive. Are you proactive in learning new responsibilities or do you wait until asked to learn new things? If co-workers need help do you volunteer without being asked?

Attitude: Comment on your attitude towards your job responsibilities and the dealership in general. How do others perceive your attitude?

Goals/Objectives: Please review your goals from your last evaluation – have you met them? List your goals for the next review period.

Manager Support: Comment on how your manager can assist you in any way to make your employment with the dealership better.

Compensation: Please comment on your compensation package. What changes would you like to see? Please comment on the reasons behind the changes you are requesting.

EMPLOYEE PERFORMANCE EVALUATION

EMPLOYEE _____

DATE OF EVALUATION _____

JOB TITLE _____

EVALUATION PERIOD: FROM _____ TO _____

DEPARTMENT _____

EVALUATION CONDUCTED BY: _____

Please read each statement, checking the square within the factor you believe best applies.

FACTOR	VERY GOOD	ACCEPTABLE	UNACCEPTABLE
QUALITY Ability to produce work that can be relied upon. Consider number of errors, accuracy, thoroughness, and customer relations.	<input type="checkbox"/> Work is consistently accurate, neat and thorough, Seldom makes an error. No customer complaints.	<input type="checkbox"/> Work is usually accurate, neat, and thorough. Few customer complaints.	<input type="checkbox"/> Work is frequently unacceptable and often must be redone. Frequent customer complaints.
PRODUCTIVITY Amount of satisfactory work timeliness of completed tasks, contribution to profits.	<input type="checkbox"/> Amount of work exceeds requirement and is consistently submitted on time Significant contribution to profits.	<input type="checkbox"/> Consistently produces satisfactory amount of work. Usually meets deadlines.	<input type="checkbox"/> Does not complete work satisfactory amount of work. Frequently misses deadlines. Does not contribute substantially to department profits.
ATTITUDE Ability to work with others, reaction to supervision, co-workers, customers, and other daily contacts.	<input type="checkbox"/> Works well with others. Volunteers assistance. Consistently cheerful.	<input type="checkbox"/> Works well with others. Usually has a good attitude.	<input type="checkbox"/> Works poorly with others. Frequently grumbles about policies and work. Becomes irritated with customers.
INITIATIVE Knowledge and understanding of duties, ability and desire to work independently.	<input type="checkbox"/> Thorough understanding of responsibilities. Often works independently, keeping supervisor informed.	<input type="checkbox"/> Understands duties. Occasionally works independently. Refers major decisions to supervisor.	<input type="checkbox"/> Capable of independent action but unwilling to perform without direct supervision.
DEPENDABILITY Ability to consistently perform in accord with company policy, respect for company property, punctuality.	<input type="checkbox"/> Consistently punctual. Willing adherence to company policies. Actively maintains dealership facilities, vehicles, and equipment	<input type="checkbox"/> Punctual. Adheres to company policy. Adequate housekeeping and maintenance standards.	<input type="checkbox"/> habitually late or absent. Frequently complains about policies. Careless maintenance standards.
OVERALL LEVEL OF PERFORMANCE	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> ACCEPTABLE	<input type="checkbox"/> UNACCEPTABLE

EMPLOYEE STRENGTHS:

1. _____
2. _____
3. _____

AREAS FOR IMPROVEMENT:

1. _____
2. _____
3. _____

SUPERVISOR COMMENTS: _____

EMPLOYEE COMMENTS: _____

My signature does not necessarily indicate that I agree with this evaluation or its contents, only that my supervisor has discussed them with me I acknowledge receipt of a copy of this evaluation.

Date

Employee's Signature