

WHITE MOUNTAIN APACHE FIRE & RESCUE

Shift Evaluation Form



EMPLOYEE INFORMATION	
Name	Date
Position, Station, & Shift	Assigned Captain

RATINGS					
	5 = Exceptional	4 = Exceeds Requirements	3 = Meets Requirements	2 = Needs Improvement	1 = Unacceptable
Job Knowledge, Skills and Abilities					
<i>Comments</i>					
Company Interaction/Participation					
<i>Comments</i>					
Attitude/ Behavior					
<i>Comments</i>					
On-Scene Performance					
<i>Comments</i>					
Communication/Listening Skills, Public Interaction					
<i>Comments</i>					
Participation in Training					
<i>Comments</i>					

EVALUATION
ADDITIONAL COMMENTS

VERIFICATION OF REVIEW
<i>By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation. This form is to remain in your binder and be available for review at all times.</i>

EMPLOYEE INFORMATION			
Employee Signature	Date	Supervisor Signature	Date