



HEALTH ASSOCIATES
beyond expectations

Annual Evaluation Form

Please provide an evaluation on my past performance and make any additional comments you believe might assist Health Associates LLC in making their employment decision.

I authorize the below named individual and facility to release information about me for the purpose of supplying an employment reference. Health Associates LLC may contact the Evaluator to discuss the information completed below.

Applicant's Printed Name: _____ Applicant's Signature: _____

Position Held: _____ Areas Worked: _____

EVALUATION	Exceeds	Meets	Does Not	N/A
	Expectations	Expectations	Meet Expectations	
Demonstrates Technical Proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistent in Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establishes Priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts Direction/Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains Orderly Work Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes to Departmental Continuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains High Level of Patient Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation Completed Per Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handles Routine Situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handles Emergency Situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adheres to Patient Infection Control/Safety Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applies/Carries Through Physician Orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains Rapport with Facility Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates Effectively with Superiors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest and Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you hire this employee again? Yes No (please comment below) N/A (currently employed)

Reason Left Employment: Terminated Lay Off Resigned N/A (currently employed) Temporary Employee

Comments:

Evaluator Name (Please Print): _____ Evaluator Title: _____

Facility: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Signature: _____ Date: _____