

## **Employee Performance Evaluation**

Employee Information:
Name:
Job Title:
Employee ID:
Department:
Evaluation Period: From To
Evaluator:
Date of Evaluation:
<b>Instructions:</b> This performance evaluation is designed to assess the overall performance of the employee during the specified evaluation period. Please provide honest and constructive feedback, focusing on both strengths and areas for improvement. Use additional comments and examples to support your ratings and recommendations.
Rating Scale:
— 5: Exceptional (Exceeds Expectations)
— 4: Above Average (Consistently Meets Expectations)
3: Satisfactory (Meets Expectations)
2: Needs Improvement (Occasionally Meets Expectations)
— 1: Unsatisfactory (Does Not Meet Expectations)
Performance Criteria:
1.Job Knowledge and Skills:
— The employee's understanding of security protocols and techniques.
— Their ability to apply security procedures effectively.
Handling of security equipment and technology.  Completed Guard Training courses
Rating:
Comments:

2. Communication:
— Effectiveness in conveying information to colleagues and superiors.
— Active listening and response to instructions.
— Reporting incidents and observations clearly and promptly.
Rating:
Comments:
3. Teamwork:
— Collaboration with colleagues to maintain a secure environment.
— Willingness to assist others and promote a positive team atmosphere.
Rating:
Comments:
4. Adaptability:
— Ability to respond to changing security situations.
— Flexibility in adjusting to new procedures or technologies.
Rating:
Comments:
5. Professionalism:
— Punctuality and attendance.
— Appearance and uniform compliance.
— Ethical conduct and respect for company policies.
Rating:
Comments:
6. Leadership:
— Supervisory skills, if in a leadership role.
— Ability to guide and motivate team members.
Rating:

Comments:



Overall Performance Rating: (Consider all criteria and provide an overall rating)		
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Recommendations: (Please provide specific recommendations for improvement or commas well as any training or development needs.)	lendation,	
Employee's Self-Assessment: (Employee's self-assessment, if applicable, along with co	omments on their performance.)	
Employee's Signature:	_ Date:	
Supervisor's Comments: (Supervisor's additional comments and feedback.)		
Supervisor's Signature:	Date:	

The employee and the supervisor should meet to discuss this evaluation, address any concerns or questions, and set performance goals for the future. Both parties should sign the form to acknowledge the discussion.

GUARD TRAINING