



Associate Performance Appraisal

Providing our clients and associates with high quality service is a top priority at Manpower. Your opinions on our performance help us improve and enhance our service to you. Please take a few minutes to complete this questionnaire, being completely candid and honest in your responses. Thank you for helping us serve you better.

What do you do?



Manpower®

Associate Performance Appraisal

Should you have comments or concerns you would like addressed immediately, please contact the management at your local Manpower office.

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|----------------------------|
| Manpower Associate's Name: |
| Associate Number: |
| Date of Assignment: |
| Job Title: |
| Department: |

| Please rate the following: | Excellent 5 | Good 4 | Average 3 | Fair 2 | Poor 1 | N/A | Comments |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------|-----------------------------|--------------------------|---------------------------------|--------------------------|----------|
| 1. Ability to follow instructions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Speed at becoming proficient | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Ability to work cooperatively and respectfully with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Acceptance of supervision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Quality of work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Quantity of work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. Manner of dress and presentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. Qualifications to meet your work requirements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. Attendance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. Overall performance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11. If the need arises, would you specifically request this employee again? If "No," please explain in comments section. | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | <input type="checkbox"/> Unsure | | |
| 12. Will you continue to do business with Manpower? If "No," please explain in comments section. | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | <input type="checkbox"/> Unsure | | |
| 13. Will you recommend Manpower to others? If "No," please explain in comments section. | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | <input type="checkbox"/> Unsure | | |

FOLD, TAPE AND RETURN TODAY

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|------------|--------|----------|
| Name: | Title: | Company: |
| Telephone: | Email: | Date: |