

## Work Experience Assessment

Please Complete and fax back to (08) 9921 3842 or return to Joblink Midwest.  
Margaret House – Bill Sewell Complex, Cnr Chapman Rd and Bayly Street Geraldton,  
PO Box 57 Geraldton WA 6531 Tel: 99641022.

Name of Work Experience Participant: \_\_\_\_\_

Host Employer: \_\_\_\_\_

Dates Commenced and Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Hours Worked: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Please complete this assessment based on the way the participant conducted themselves during work placement.

(1 Being Unacceptable and 5 being Excellent)

	1	2	3	4	5
1. Attendance, Punctuality					
2. Appearance, Dress					
3. Courtesy					
4. Interest Shown, Enthusiasm					
5. Alertness, Comprehension					
6. Application, Industry					
7. Tidiness of Work					
8. Initiative, Resourcefulness					
9. Work Accuracy, Reliability					
10. Cooperation With Supervisors					
11. Cooperation with Fellow Workers					
12. Safety Awareness					
13. Communication Skills					
14. Dealing With The Public					
15. Manual Dexterity					

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_