



Work Experience Documentation

Student name: _____

Work Site: _____

Address: _____

Telephone: _____

To the Employer: Please confirm that this student has been employed for three months or longer. Include a copy of the employee's evaluation or complete the following appraisal.

Category	4	3	2	1	Rating Scale: 4=Excellent, 3=Good, 2=Fair, 1=Poor
Dependability					Attendance, punctuality, reliability in meeting commitments
Interpersonal Skills					Ability to get along with others, tactful, courteous, contributes to team effort
Appearance					Dress and grooming appropriate for business
Work Ethics					Motivation and energy for self-improvement, enthusiasm, pride in work, willingness to learn
Quality of Work					Accurate, error free work

Comments:

Printed Name of Supervisor _____

Signature of Supervisor _____ Date _____