



I.A.T.S.E. Local 212 – Evaluation Form

Ph: (403) 250-2199

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Toll-Free Fax: (866) 246-4178

Name of Permittee: _____ Title of Show (Employer): _____

Position/Dept worked: _____ Job Status: Daily Weekly Full-time

Number of Days Worked: Please enter the total number of days worked under your supervision.

Did the Person: (check ✓ in the appropriate box)	Always	Sometimes	Never	Notes, Dates, etc:
Arrive to work on time				
Bring sufficient tools & gear				
Display a good attitude towards work				
Display a good attitude towards others				
Take initiative and/or responsibility				
Follow orders quickly and decisively				
Pay attention to the tasks given				
Work independently requiring minimal supervision				
Work in an efficient & organized manner				
Demonstrate sufficient knowledge of the job				
PERFORMANCE TOTALS: (add each column)				

Has this person had previous experience working in this department? Yes No

Based on performance, should this person be considered for future calls? Yes No

Should this person be considered for membership with IA 212 once he/she has met the qualifications? _____

Additional Information and/or Comments: _____

Head of Department: _____ First Assistant: _____

Submitted by (print name) _____ Signature _____ Title _____

Signature of Permittee: _____ Date: _____