

## **EMPLOYEE PERFORMANCE EVALUATION**

ECMStaffing asks for you to take a moment of your time to complete this form. Employee Performance Evaluations are extremely important to ECMStaffing, and are solely used to ensure company clientele receive the highest qualified healthcare professional(s). We thank you in advance for your assistance!

Employee Name: \_\_\_\_\_\_ Classification: \_\_\_\_\_

ABOVE AVERAGE   AVERAGE   BELOW AVERAGE   N/   Knowledgeable	ast Known Date Worked:	Mos	Most Frequently Worked Shift:			
Knowledgeable Accepts Direction Well Tact With Patients  Work Ethic  Workload/Time Management Dependability Universal Precautions Patient Assessment(s) Care Planning/Education Patient Safety  dditional Comments:  valuated By (Please Print Name):  valuator's Signature:  peviewed By (ECMStaffing Personnel):	lease mark the column that bes	t describes this employe	e's performance a	t your Organization.		
Accepts Direction Well Tact With Patients  Work Ethic  Workload/Time Management  Dependability  Universal Precautions Patient Assessment(s)  Care Planning/Education Patient Safety  dditional Comments:  valuated By (Please Print Name):		ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	N/	
Tact With Patients  Work Ethic  Workload/Time Management  Dependability  Universal Precautions  Patient Assessment(s)  Care Planning/Education  Patient Safety  dditional Comments:  valuated By (Please Print Name):  valuator's Signature:  veriewed By (ECMStaffing Personnel):	Knowledgeable					
Tact With Patients  Work Ethic  Workload/Time Management  Dependability  Universal Precautions Patient Assessment(s)  Care Planning/Education Patient Safety  dditional Comments:  valuated By (Please Print Name):  valuator's Signature:  Date:  eviewed By (ECMStaffing Personnel):	Accepts Direction Well					
Workload/Time Management  Dependability  Universal Precautions  Patient Assessment(s)  Care Planning/Education  Patient Safety  dditional Comments:	Tact With Patients					
Dependability Universal Precautions Patient Assessment(s) Care Planning/Education Patient Safety  dditional Comments:  valuated By (Please Print Name):  valuator's Signature:  eviewed By (ECMStaffing Personnel):	Work Ethic					
Universal Precautions  Patient Assessment(s)  Care Planning/Education  Patient Safety  dditional Comments:  valuated By (Please Print Name):  valuator's Signature:  Eviewed By (ECMStaffing Personnel):	Workload/Time Management					
Patient Assessment(s)  Care Planning/Education  Patient Safety  dditional Comments:  valuated By (Please Print Name):  valuator's Signature:  eviewed By (ECMStaffing Personnel):	Dependability					
Care Planning/Education  Patient Safety  dditional Comments:  valuated By (Please Print Name):  valuator's Signature:  veriewed By (ECMStaffing Personnel):	Universal Precautions					
Care Planning/Education Patient Safety  dditional Comments:  valuated By (Please Print Name):  valuator's Signature:  veriewed By (ECMStaffing Personnel):	Patient Assessment(s)					
dditional Comments:	Care Planning/Education					
valuated By (Please Print Name): Title: valuator's Signature: Date: eviewed By (ECMStaffing Personnel):	Patient Safety					
eviewed By (ECMStaffing Personnel):						
eviewed By (ECMStaffing Personnel):	valuator's Signature:		<i>L</i>	Oate:		
CMStaffing Personnel Signature: Date:						
,, <del>,</del>	CMStaffing Personnel Signature	<b>2:</b>		Date:		

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