Employee Hiring & Training Procedures
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Pre-Employment Screening Policy & Procedures

Policy
Get Fresh Produce strives to hire the best candidates for a given position. To do this, Get Fresh background screens candidates to gather information to evaluate their integrity and trustworthiness. All prospective employees are to be screened as outlined in the procedures noted below, before an offer of employment is extended.

Procedure

1. **Application**
   Prospective hires are to fill out an Application for Employment. (See attachment)

2. **Background Investigation Consent**
   Prospective hires are to fill out a Consent for Background Investigation. (See attachment)

3. **Background Check**
   - Both the Application for Employment and the Consent for Background Investigation are forwarded to Aurico Reports, a background screening company.
   - Aurico Reports will then perform the background screening, depending on the position, in the following areas:
     i. Criminal Felony and Misdemeanor
     ii. Past Employment Verification
     iii. Social Security Trace
     iv. National Criminal Index Search
     v. Driver’s History Report
     vi. DOT Employment Interview-two past employers
     vii. Additional reports/verifications are available
   - Within 72 hours, Aurico reports back to Get Fresh with the results of the background screening.

4. **Hiring**
   Given that the results from the background screening provide no exceptions, Get Fresh Management may extend an offer to the candidate.

5. **I-9**
   All new employees will be entered into an I-9 verification website by Human Resources on the 1st day of employment. Each entry will also have their employment eligibility checked with the Department of Homeland Security and the Social Security Administration.
NOTICE AND ACKNOWLEDGMENT

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

NOTICE REGARDING BACKGROUND INVESTIGATION

GET FRESH PRODUCE INC. ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Aurico Reports Inc., 116 W. Eastman St., Suite 101, Arlington Heights, Illinois, 60004, (866) 255-1852 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<table>
<thead>
<tr>
<th>New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.</th>
</tr>
</thead>
</table>

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Aurico Reports Inc., 116 W. Eastman St., Suite 101, Arlington Heights, Illinois, 60004, (866) 255-1852, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

| Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. |
| California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. |

Printed Name: ________________________________

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
</table>

Maiden Name: ________________________________

Other last names used: ________________________________

238 Tubeway Drive • Carol Stream, IL • V: 630-655-9655 • F: 630-651-2777

www.getfreshproduce.com

Page 1 of 2
List all cities and states where you have lived for the past 7 years - Attach additional sheet if necessary

<table>
<thead>
<tr>
<th>Sheet</th>
<th>City</th>
<th>County</th>
<th>State</th>
<th>ZIP</th>
<th>How Long?</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Present Phone Number: __________________________ Social Security Number: ______________________

Date of Birth* (for Identification Purpose only):

Sex*: Male ______ Female: ______ Driver’s License Number: __________________ State: ____________

*This information will be used for background screening purposes only and will not be used as hiring criteria.
# Application for Employment

## Personal Information

<table>
<thead>
<tr>
<th>Name (Last Name First)</th>
<th>Social Security No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present Address</td>
<td>Apt. No. City State Zip</td>
</tr>
<tr>
<td>Are you 18 years or older?</td>
<td>Yes No</td>
</tr>
</tbody>
</table>

## Desired Employment

<table>
<thead>
<tr>
<th>Position</th>
<th>Date You Can Start</th>
<th>Salary Desired</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you currently employed?</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>If so, may we inquire of your present employer?</td>
<td>Yes No</td>
<td></td>
</tr>
</tbody>
</table>

## Education

<table>
<thead>
<tr>
<th>School Level</th>
<th>Name &amp; Location of School</th>
<th>No. of Years Attended</th>
<th>Did You Graduate?</th>
<th>Subjects Studied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade/Business</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## References

Below, give the names of three persons you are not related to whom you have known at least 1 year.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone Number</th>
<th>Acquainted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Get Fresh Produce, Inc.
218 Temporary Drive
Card Stream, IL 60108

Equal Opportunity Employer

Confidential
Employment Application

SERVICE RECORD
BRANCH OF SERVICE | DISCHARGE DATE | RANK

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS?
YES _ NO _
IF YES, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

Who referred you to this company?

AUTHORIZATION
I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

DATE    SIGNATURE

Get Fresh Produce, Inc.
238 Tubeway Drive
Carol Stream, IL 60188

An equal opportunity employer

Confidential
DRIVER APPLICATION FOR EMPLOYMENT

<table>
<thead>
<tr>
<th>PERSONAL INFORMATION</th>
<th>PRE-EMPLOYMENT QUESTIONNAIRE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME (LAST NAME FIRST)</td>
<td>SOCIAL SECURITY NO.</td>
</tr>
<tr>
<td>PRESENT ADDRESS</td>
<td>APY. NO. CITY STATE ZIP</td>
</tr>
<tr>
<td>ARE YOU 18 YEARS OR OLDER?</td>
<td>YES NO</td>
</tr>
</tbody>
</table>

| DESIRED EMPLOYMENT | |
| POSITION | DATE YOU CAN START | SALARY DESIRED |
| ARE YOU CURRENTLY Employed? | YES NO |
| IF SO, MAY WE INQUIRE OF OUR PRESENT EMPLOYER? | YES NO |

| EDUCATION | |
| SCHOOL LEVEL | NAME & LOCATION OF SCHOOL | NO. OF YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
| GRAMMAR | |
| HIGH SCHOOL | |
| COLLEGE | |
| TRADE/BUSINESS | |

| REFERENCES | |
| BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHO YOU HAVE KNOWN AT LEAST 1 YEAR | |
| NAME | ADDRESS | PHONE NUMBER | YEARS ACQUAINTED |
| GetFresh Produce, Inc. | 228 Tubeway Drive | Carol Stream, IL 60188 | Confidential |

An equal opportunity employer
**FORMER EMPLOYERS**

LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

<table>
<thead>
<tr>
<th>NAME OF PRESENT OR LAST EMPLOYER</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>STARTING DATE</td>
<td>LEAVING DATE</td>
<td>JOB TITLE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WEEKLY STARTING SALARY</td>
<td>WEEKLY FINAL SALARY</td>
<td>MAY WE CONTACT YOUR SUPERVISOR</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>NAME OF SUPERVISOR</td>
<td>PHONE NUMBER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DESCRIPTION OF WORK</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REASON FOR LEAVING</td>
<td></td>
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<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF PREVIOUS EMPLOYER</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>STARTING DATE</td>
<td>LEAVING DATE</td>
<td>JOB TITLE</td>
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<td>WEEKLY FINAL SALARY</td>
<td>MAY WE CONTACT YOUR SUPERVISOR</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>NAME OF SUPERVISOR</td>
<td>PHONE NUMBER</td>
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<tr>
<td>DESCRIPTION OF WORK</td>
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<tr>
<td>REASON FOR LEAVING</td>
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<table>
<thead>
<tr>
<th>NAME OF PREVIOUS EMPLOYER</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
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<td>LEAVING DATE</td>
<td>JOB TITLE</td>
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</tr>
<tr>
<td>WEEKLY STARTING SALARY</td>
<td>WEEKLY FINAL SALARY</td>
<td>MAY WE CONTACT YOUR SUPERVISOR</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>NAME OF SUPERVISOR</td>
<td>PHONE NUMBER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DESCRIPTION OF WORK</td>
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<tr>
<td>REASON FOR LEAVING</td>
<td></td>
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</tr>
</tbody>
</table>
## EXPERIENCE & QUALIFICATIONS

### DRIVERS LICENSES

<table>
<thead>
<tr>
<th>STATE</th>
<th>LICENSE NUMBER</th>
<th>TYPE</th>
<th>EXPIRATION DATE</th>
</tr>
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<tbody>
<tr>
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</table>

## DRIVING EXPERIENCE

<table>
<thead>
<tr>
<th>CLASS OF EQUIPMENT</th>
<th>TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)</th>
<th>DATES</th>
<th>APPROX. NO OF MILES (TOTAL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRAIGHT TRUCK</td>
<td></td>
<td></td>
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<tr>
<td>TRACTOR &amp; SEMI-TRAILOR</td>
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</tr>
<tr>
<td>TRACTOR - TWO TRAILERS</td>
<td></td>
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</tr>
<tr>
<td>OTHER</td>
<td></td>
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</tbody>
</table>

## ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

<table>
<thead>
<tr>
<th>DATES</th>
<th>NATURE OF ACCIDENT</th>
<th>FATALITIES</th>
<th>INJURIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAST ACCIDENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEXT PREVIOUS</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>NEXT PREVIOUS</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

## TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>DATE</th>
<th>CHARGE</th>
<th>PENALTY</th>
</tr>
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<tbody>
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</tbody>
</table>
**SERVICE RECORD**

<table>
<thead>
<tr>
<th>BRANCH OF SERVICE</th>
<th>DISCHARGE DATE</th>
<th>RANK</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

Who referred you to this company?

**AUTHORIZATION**

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

**DATE**

**SIGNATURE**

Get Fresh Produce, Inc.
230 Tulemey Drive
Carol Stream, IL 60188

An equal opportunity employer

Confidential

1441 Brewster Creek Blvd | Bartlett, IL 60103
630-665-9665 phone | 630-665-3391 fax

Revised: August 23, 2010

CONFIDENTIAL COMMERCIAL INFORMATION
EMPLOYEE WARNING NOTICE

EMPLOYEE NO. | DEPARTMENT
---|---

VIOLATIONS
- ATTENDANCE
- CARELESSNESS
- CONDUCT
- INSUBORDINATION

WARNINGS PREVIOUSLY

<table>
<thead>
<tr>
<th>WARNING</th>
<th>DATE</th>
<th>ORAL</th>
<th>WRITTEN</th>
<th>SIGNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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</tr>
<tr>
<td>3</td>
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</tr>
</tbody>
</table>

COMPANY STATEMENT

I agree with Company Statement.

EMPLOYEE STATEMENT

I disagree with Company Statement.

ACTION TAKEN

Date: 

I have read this Warning Notice and understand it.

EMPLOYEE’S SIGNATURE: 

SUPERVISOR: 

This form was refused by Employee.

SUPERVISOR: 

DATE: 

If the Employee Warning Notice, after completion, contains information on the medical condition or history of an employee, then it must be maintained in a separate medical file and treated as confidential in accordance with applicable law and regulations.
Training & Regulatory Requirements

Employee Training Requirements

Employee Training includes the following modules:

A. Employee Orientation which includes a review of the following:

1. The Employee Partnership Company Policies, Procedures & Benefits
2. Safety & Health Policies and Procedures
3. Food Safety and Quality Policies, Procedures & Schedules
4. Facility overview & Tour

B. Food Safety Training

1. Initial Training Modules include Video, Classroom Education and Testing on all the following topics. All employees are given hand out materials on all subjects for use during the course of the year as a reference tool for periodic testing.
   a. Good Manufacturing Practices (GMP’s)
   b. Food Safety
   c. Allergens
   d. Chemicals
   e. HACCP

2. Semi-Annual Food Safety Training - Employees are tested semi annually on their knowledge of Food Safety.


C. Job Specific Training - Employees are also required to be thoroughly trained on the following job specific policies & procedures by their supervisors:

1. General Safety Rules & Procedures
2. Job Specific Safety Requirements
   a. Forklift Operation
   b. Drivers Safety

3. Job Specific Sanitation Requirements
   a. Repacking & Warehouse Staff
   b. Maintenance Staff
   c. Office Staff

4. Job Specific Product Handling Requirements
   a. Repacking & Warehouse Staff
   b. Drivers
Employee Training Documentation Requirements

Completion of the Employee Orientation and acceptance of our Company Policies is indicated by signing the Employee Commitment Form in the "Employee Partnership Manual". Employees sign an Acknowledgement of Training form for each type of training they are required to have. Initial Training and documentation of refresher training is maintained in the Employee Training File.

Training Updates

Management is responsible for annual Employee Training Updates by department. Training Updates may include but are not limited to:

1. Information regarding the relationship between employee health, hygiene practices & the possibility of contamination
2. Ongoing training on all cleaning procedures & chemical usage
3. "Regular weekly Reminders" as needed when there is a problem recorded on the Sanitation Logs
4. Semi-Annual written testing on all safety & sanitation requirements with both English and Spanish versions to ensure understanding.
5. Job Specific Product Handling Requirements & Changes
6. Semi Annual employee training is identified on the Employee Training Updates Schedule and filed in the Safety & Sanitation Log.
7. Refresher forklift operation observation done monthly.

Management Training Requirements

Managers are also trained upon employment on:

1. The Employee Partnership Policies,
2. Procedures & Benefits, Safety & Health Policies and Procedures and
3. Food Safety and Quality Policies

Training Updates

Management meets on a monthly basis to review current issues, address corrective actions and update management training in specific areas. Goals for improvement are identified both monthly and annually.

Managers also attend conventions, workshops and trade shows annually to keep current on trends in the workplace, industry specific trends, company needs, process control, sanitation, and food safety. Ongoing management training is identified on the Management Training Updates Schedule and filed in the Safety & Sanitation Log.
**Employee Orientation**

<table>
<thead>
<tr>
<th>Date: ______________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee: ______________</td>
</tr>
<tr>
<td>Supervisor: ____________</td>
</tr>
</tbody>
</table>

**Complete Required Documentation (15 minutes)**

<table>
<thead>
<tr>
<th>Form</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>W2 Form</td>
<td>(Needed to process Payroll)</td>
</tr>
<tr>
<td>I9 Form</td>
<td>(Needed to verify legal work status)</td>
</tr>
<tr>
<td>Drivers: CDL License verification, Drug Test Policy etc …</td>
<td>__________</td>
</tr>
<tr>
<td>Sign Harassment Policy</td>
<td>__________</td>
</tr>
<tr>
<td>Sign Uniform Policy</td>
<td>__________</td>
</tr>
<tr>
<td>Sign Handbook Acknowledgement Form</td>
<td>__________</td>
</tr>
</tbody>
</table>

**DO NOT ALLOW EMPLOYEE TO BEGIN WORK WITHOUT COMPLETING THESE FORMS**

**Introduction to Get Fresh Produce, Inc. (5 minutes)**

| Company History & Mission Statement | __________ |
| Overview of key job roles | __________ |

**Employee Handbook Overview (15 minutes)**

| Rules & regulations | __________ |
| Pay & Benefits | __________ |
| Scheduling & Time-off Requests | __________ |
| Uniform standards | __________ |
| Lateness & Absenteeism | __________ |
| Meal & Drink policy, breaks | __________ |
| Safety & Security | __________ |
| Car parking | __________ |
| Hygiene & Sanitation | __________ |
| Use of company & personal phones | __________ |
| Respectful of others | __________ |
| Quality ownership | __________ |
| Coaching & Performance Reviews | (Give employee copy of Review Form) | __________ |

**Warehouse Tour (15 minutes) – discuss the following:**

| Introduction to key personnel, e.g. Supervisors, Administration etc … | __________ |
| Restrooms | __________ |
| Location & Importance of Washing Hands | __________ |
| **Break Area** | __________ |
| Location and where to put food & drink | __________ |
| Bulletin Board, First Aid Kit | __________ |
| Clock-in / Clock-out | __________ |
| **Utility Room** | __________ |
| Chemical Storage | __________ |
| Uniforms, Personal Lockers | __________ |
| Location & Use of fire extinguishers | __________ |
| **Security** | __________ |
| Proper use of all doors for entering & leaving the premises | __________ |
| Removal of trash | __________ |
| **Cooler / Freezer & Dry Storage Areas** | __________ |
| Tour each storage area discussing importance of FIFO & Product Quality/Cleanliness | __________ |
| **Module Certification (10 minutes)** | __________ |
| Employee passes basic verbal test | __________ |

I acknowledge that I received an orientation today to Get Fresh Produce. I reviewed and understood the policies and documents that I was asked to sign.

Employee Signature: ____________________________ Date: ______________
Good Manufacturing Practices Training (to be completed within 1 week of start date)

Employee: ___________________________  Supervisor: ___________________________
Start Date: ___________________________  Training Date: ___________________________

Current Good Manufacturing Practices
Review current Good Manufacturing Standards as per QA Manual
Discuss the following in detail:
- Implementation of rules for employees, contractors and visitors
- Importance of personal cleanliness and hygienic practices
- Assurance that products, produced and distributed from GET FRESH are of high quality and are not contaminated in any way

Initial

Read GET FRESH current Good Manufacturing Practices for employees and discuss.
Place emphasis on the following GET FRESH personnel requirements
- Uniform Standards
- Personal Hygiene
- Jewelry policy
- Rules regarding food and drink
- Rules regarding smoking
- Use of gloves

Discuss consequences of failure to comply with GET FRESH policies and procedures

Initial

Read GET FRESH current Good Manufacturing Practices for Visitors
Discuss how employee can ensure visitor compliance

Initial

Module Certification
Employee signs and dates GET FRESH policy on current Good Manufacturing Practices
Employee passes written test

Initial

Module Completion date: ___________________________
Food Safety Training (to be completed within 2 weeks of start date)

Employee: ___________________________  Supervisor: ___________________________
Start Date: __________________________  Training Date: __________________________

**Allergens**  
Complete Allergen training program with designated trainer
Review and discuss the following in detail:
- Food Allergies and allergic reactions
- List of critical allergens
- Allergens in GET FRESH system
- Handling and storage of allergens
- Rework and labeling procedures for allergens
- Sanitation procedures for personnel and equipment when working with allergens
- Consequences of inadequate procedures

Employee can pass basic verbal test on allergens

**Chemicals and Cleaning Materials**  
Complete the following as appropriate for job role

Review Sanitation key points from the GET FRESH Sanitation Manual
Review chemicals/ cleaning materials that the employee will come into contact with whilst performing their job

Discuss the following for each product that the employee will come into with:
- Name of product
- Is it for sale or for use as a cleaning material in the warehouse?

If the product is a chemical for sale, discuss the following:
- Location and correct storage procedures
- Correct transportation procedures
- Procedure if product is broken, damaged

If the product is for use as a cleaning material in the warehouse, discuss the following:
- Uses
- How it should be made up (correct dilution, any safety equipment)
- Where and how it should be stored
- Correct Labeling
- Accidents (what to do if the product is swallowed, gets on skin, in eyes etc)

Discuss location of MSDS information

Employee can pass basic verbal test on chemicals and cleaning materials

List any products discussed with the employee below:

________________________  __________________________  __________________________  __________________________
________________________  __________________________  __________________________  __________________________
Food Safety Training cont. (to be completed within 2 weeks of start date)

Employee: ____________________________  Supervisor: ____________________________
Start Date: ____________________________  Training Date: ____________________________

**HACCP**
Complete HACCP training program with designated trainer
Review and discuss the following in detail:
- Seven Principles of HACCP
- Critical control points and critical limits
- Potential hazards and controls in the GET FRESH system

Discuss the GET FRESH HACCP team and HACCP review procedure
Discuss brittle glass and glass protection policy

Employee can pass basic verbal test on HACCP

**Food Bio-security (Food Defense)**
Complete Food Bio-Security training program with designated trainer
Review and discuss in detail, risk points and control procedures for the following
as appropriate to job role:
- Food Security programs
- Security of outside grounds and warehouse perimeter
- Employee and visitor policies and procedures
- Product receiving procedures and documentation
- General day to day warehouse operations
- Product Storage and Shipping

Discuss responsibilities of GET FRESH Food Safety Committee
Procedure to follow in the event of suspicious activity, package, visitor or contractor

Discuss product recall program and employee role in this process
Discuss food security audit and employee role in this process

Employee can pass basic verbal test on food bio-security risks and controls
Report suspicious behavior to a supervisor
Report any visitor without identification to a supervisor
Report any product tampering to a supervisor

**Module Certification**
Employee signs and dates acknowledgement of training in the following areas
- Allergens
- Chemicals and cleaning materials
- HACCP
- Food Bio-Security

Employee passes Food Safety written test
Employee Acknowledgement of Sanitation Training

I, ________________________________, acknowledge receiving training on the following circled procedures:

1. Cleaning & Sanitizing Procedures for cleaning the following:
   a. Battery Charging Area, Pallet Storage Areas
   b. Ceilings, Overheads, Overhead Pipes
   c. Dock Leveler Plates
   d. Floor Drains
   e. Lockers
   f. Racks
   g. Refrigeration Units
   h. Roll-up Doors
   i. Walls, Floors, Curbs
   j. Sweeping under Pallets & Racking
   k. Cleaning Out Split Storage Buckets
   l. Cleaning Out Garbage Cans
   m. Chemical Usage

2. Split Case Storage & Pallet Storage

3. Glass Breakage Procedure
   a. Cleanup procedure; Report Filled out by Manager on duty

4. Cleaning & Sanitizing for RAW Product
   a. Daily procedure for cleaning the Dairy Cooler where RAW protein product is stored
   b. Procedure for cleaning up any spillage of RAW protein product

5. Split Table Cleaning & Sanitizing
   a. Daily Procedures for cleaning & sanitizing workstations

6. Shift Cleaning Responsibilities
   a. AM Daily Responsibilities to complete before shift end
   b. PM Daily Responsibilities to complete before shift end

7. Specific Job Training
   a. _______________________________________________________
   b. _______________________________________________________

I further acknowledge that I have read, reviewed, and fully understand the procedures trained on.

__________________________________   _______________________
Employee Signature     Date
Employee Acknowledgement of Food Safety Training

I, ________________________________, acknowledge receiving training of the following:

1. Get Fresh Produce Current Good Manufacturing Policies (cGMPs)
   - I have read and understand the Get Fresh Produce Current Good Manufacturing Practices (cGMPs)

2. Brittle Plastic and Glass Protection Policy
   - I have read, understand and will comply with the work rules and policy

3. HACCP Program and Principles
   - I have read, understand and will comply with the HACCP Principles

4. Allergen Management Program
   - I have read, understand and will comply with the Allergen Management Program

5. Bio-Security and Food Defense Policy
   - I have read, understand and will comply with the Bio-Security and Food Defense policy
   - Keep Doors and Windows Locked when not in use
   - Report Suspicious Activity or People to Supervisors
   - Report any Evidence of Product or Equipment Tampering to Supervisors

I further acknowledge that I have read, reviewed and fully understand the following policies.

_______________________________   _______________
Employee Signature      Date

_______________________________
Printed Name

_________________________________
Test Administrator
Employee Training Summary

<table>
<thead>
<tr>
<th>Initial Training</th>
<th>Specific Job Training</th>
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<tbody>
<tr>
<td>Orientation</td>
<td>Job Description</td>
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<td>OSHA’s</td>
<td>Job Description</td>
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<td>Allergens</td>
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<td>Chemicals</td>
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<td>HACCP</td>
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<td>Food Safety</td>
<td>Job Description</td>
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<td>Refresher</td>
<td>Job Description</td>
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<tr>
<td>Fork Lift &amp; Drv</td>
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<tr>
<td>Reevaluations</td>
<td>Job Description</td>
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<tr>
<td>Fork Lift</td>
<td>Job Description</td>
</tr>
<tr>
<td>Reevaluations</td>
<td>Job Description</td>
</tr>
</tbody>
</table>
Good Manufacturing Practices Written Test

Employee: ___________________________  Date: ______________________

1. List 3 current Good Manufacturing Practices.
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

2. What must your uniform be at all times?
   ______________________________________________________

3. Where can you do the following?
   Eat your lunch __________________________________________
   Smoke a cigarette ________________________________________

4. What jewelry can you wear while working in the warehouse?
   ___________________________________________________________________

5. List 4 good personal hygiene practices.
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

6. Why do we need a Food Safety policy?
   ___________________________________________________________________
Buenas prácticas de fabricación prueba escrito (GMPs)

Empelado: ______________________ Fecha: ________________

1. Liste 3 BuenasPrácticas de fabricación.
   __________________________________
   __________________________________
   __________________________________

2. ¿Qué debe su uniforme ser siempre?
   __________________________________

3. ¿Dónde puede usted hacer el siguiente?
   Coma su almuerzo _____________________________________________________
   Fume un cigarrillo ________________________________________________

4. ¿Qué joyería puede usted usar mientras que trabaja en el almacén?
   __________________________________

5. Liste 4 Buenas Prácticas Personales de la hygiene.
   __________________________________
   __________________________________
   __________________________________
   __________________________________

6. ¿Por qué necesitamos una política de la seguridad del alimento?
   __________________________________
Food Safety Written Test

Employee: _________________________  Date: ______________

1. List 4 critical allergens that we stock in the warehouse.

____________________________________  ______________________
____________________________________  ______________________

2. How should allergens be stored?

____________________________________

3. What is the only way to avoid an allergic reaction to food allergies?

____________________________________

4. What does HACCP stand for?

____________________________________

5. What are 3 factors that can contribute to a food borne disease outbreak?

____________________________________

6. What steps should an employee take if he/she finds broken plastic or glass in the warehouse?

____________________________________

7. Why is personal hygiene so important when it comes to food safety?

____________________________________

8. To whom do you report suspicious activity or product tampering?

____________________________________
Prueba escrita seguridad del alimento (FOOD SAFETY)

Empleado: __________________________ Fecha: ______________

1. Liste 4 alergénos críticos que vendemos en el almacén.
   __________________________ __________________________
   __________________________ __________________________

2. ¿Cómo deben los alergénicos ser almacenados?
   ______________________________________________________

3. ¿Cuál es la única manera de evitar una reacción alérgica a las alergias del alimento?
   ______________________________________________________

4. ¿Qué significa HACCP?
   ______________________________________________________

5. ¿Cuáles son 3 factores que pueden contribuir a un alimento estallido soportado de enfermedad?
   __________________________
   __________________________
   __________________________

6. ¿Qué pasos debe tomar un empleado si evella encuentra roto plástico o el vidro en el almacén?
   ______________________________________________________

7. ¿Por qué es la higiene personal tan importante cuando viene a la seguridad del alimento?
   ______________________________________________________

8. ¿A quién informa usted actividad sospechosa o manipulación del producto?
   ______________________________________________________
Forklift Operator Test

Employee Name: __________________________________________________ Date: __________

Test Administered by: __Frank Perri__ Position: __Warehouse Manager__

Please mark each question either (T) True or (F) False.

____  1. The operator should know what materials are being handled, how much it weighs, and how high it can be stacked.
____  2. Employees can ride on the back of the forklift or next to the operator as long as the driver moves slowly.
____  3. Unattended forklifts must have the forks lowered, controls neutralized, power shut off and brakes set.
____  4. You should keep a distance of approximately one truck length behind the truck ahead to keep from striking the forklift in front of yours.
____  5. If the load obstructs the operator's view, he/she can look outside the running lines of the truck.
____  6. When you drive up a ramp, it is best to keep the load above or in front of you.

____  7. When driving the forklift backwards the operator must turn their bodies and face the direction of travel.
____  8. Stunts and games, if properly supervised, are an excellent way to build positive employee morale.
____  9. Operators can be confident that dock board, bridge plate and trailer capacity is sufficient without checking.
____ 10. When faced with a suddenly shifting load, the best procedure is to slowly lower it for repositioning.
____ 11. Forklift operators shall not eliminate any parts, alter their relative positions, or add counterweight to trucks.
____ 12. The operation of the forklift is the same as an automobile.

____ 13. OSHA law requires that forklifts be inspected at the beginning of every shift.
____ 14. Forklifts must be driven slowly, especially when traveling through doors, on docks, or near personnel.
____ 15. Plant personnel are always aware of your presence and will watch out for you.

____ 16. Smoking is permitted in the propane refueling areas as long as there are no noticed leaks.
____ 17. When loading or unloading a truck or trailer, its wheels must be chocked or blocked even though the driver says the brakes are set.
____ 18. Qualified personnel that have been trained should only make repairs to forklifts.
____ 19. The center of gravity is not important during forklift operations.
____ 20. It is permissible to let another person operate your forklift as long as they say they know how.
PRUEBA DEL OPERADOR DE LA CARRETILLA ELEVADORA

Nombie Del Elmpleado __________________________________________  Fecha: __________

Prueba administrada por  Frank Perri  Position:  Warehouse Manager

Marque por favor cada pregunta (V)Verdad o (F)Falsa

____  1. El operador debe saber se stan manejando que materiales cuanto pesa,y como el colmo
    el puede ser apilado.

____  2. Los empleados pueden montar en la parte posteriora de la carretilla elevadora o al lado
    del operador mientras el conductor se mueve lentamente.

____  3. Los forklifts desantendidos deben tener bifurcaciones bajadas, los controles
    neutralizados, la energia apagada y frenos fijados.

____  4. Usted debe quardar una disancia de aproximadamente una longitude del carro detras
    del carro a continuacion para quandary de pulsar la carretillia Elevadora delante el tuyo.

____  5. Si la carga obstuye la opinion de los operadores, he/she puede mirar el exterior Las
    lineas corrientes del carro.

____  6. Cuando usted conduce encima de una rampa, es la mejor guardar la carga sobre o
    delante de usted.

____  7. Al conducir la carretilla elevadora al reves el operador debe dar vuelta a sus cuerpos y
    hacer frente a la dereccion del recorrido.

____  8. Los trucas y los juegos, si esta'n supervisados correctamen, son una manera excelente
    de construir moral de empleado positiva.

____  9. Los operadores pueden ser confidenles que el capacity de la plataforma del bridgeplate
    del, acoplado es suficiente sin la comprobacion.

____ 10. Cauno Esta' hecho frente con una carga que cambia de puesto, El mejor
    procedimiento es lentamente mas bajo el para repositioning-positioning.

____ 11. Los operadores de la carretilla elevadora no eliminarn ninguna piezas no Alteraran
    sus positions relativos, ni agregaran el contrapeso a los c.arros.

____ 12. La operacion de una elevacion de la bifurcaciones igual que un automovil.

____ 13. La ley del OSHA requiere que los forklifts esten examinados al principio De cada
    cambio.

____ 14. Los Forklifts se debe conducir lentamente, especialy, al viajar a traves de puertas, en
    melles, o personal cercano.

____ 15. El personal del planta esta siempre enterado de su presencia y mirara hacis fuera para
    usted.

____ 16. El fumar se permite en las areas que reaprovision de combustible del propano tan de
    largo como no hay escapes notados.

____ 17. Al cargar o descargando un carro o un acoplado, sus ruedas deben ser acuncidas o
    bluguedo aunque el conductor dice los frenos se fijan.

____ 18. A los forklifts se deben reparar solamente por el personal cualificado se ha enterndo y
    se ha authorizado que a reparar.

____ 19. El centro de gravedad no es importante durante operaciones de la carretillia
    elevadora.

____ 20. Es peermissible dejo a otra persona funcionar su carretilla elevadora mientras dicen
    que saben.
# Forklift Operator Performance Test

**Employee Name:** ________________________________________________________  **Date:** ____________

**Test Administered by:** __________________________________________________

Underline areas that need improvement; Circle areas of Operator Competence

1. Daily Inspection: Knowledgeable, Unfamiliar
   Complete Check Incomplete Check

2. Startup:
   - Good Sequence Bad Sequence
   - Smooth Jerky Start
   - Familiar with Controls Unfamiliar with Controls

3. Turning:
   - Proper Warning Signals Improper Signals
   - Proper Speed Unsafe Speed
   - Used Mirrors Turns too Sharp

4. Intersections:
   - Safe Speed Too Fast
   - Sounded Horn Not Observant
   - Looked for Pedestrians Did not look for Pedestrians
   - Before Entering Intersection

5. Load Handling:
   - Approached Properly Unnecessary Maneuvers
   - Lifted Correctly Incorrect Approach
   - Traveled with the Load Correctly Improper Lifting
   - Forks Properly Positioned Load Unbalanced
   - Proper Height with Load Poor Position with Forks

6. Load Drop:
   - Smooth Drop Jerky Drop
   - Checked Dock/Bridge Plate Failed to Check Plate
   - Dropped Load in Proper Place Placed Load in Wrong Place

7. Driving:
   - Drove Backward When Required Failed to Drive Backward as Needed
   - Used Proper Speed Unnecessary Stops
   - Made Appropriate Stops Crossed Safety Lines

8. Instructions:
   - Followed Instructions Didn’t Follow Instructions
   - Completed Assignments Incomplete Assignments

This test has been developed and made available by DS&P Safety Services.
# Performance Appraisal

**Employee Name**

**Department**

**Reason for Review**
- [ ] Annual
- [ ] Promotion
- [ ] Poor Appraisal
- [ ] Unauditory Performance
- [ ] Merit
- [ ] End of Introductory Period
- [ ] Other

**Date employee began present position** / /  
**Date of last appraisal** / /  
**Scheduled appraisal date** / /  

**Instructions:** Carefully evaluate employee's work performance in relation to the essential functions of the job. Check Rating box that indicates the employee's performance. Indicate N/A if not applicable. Assign point for each Rating within the Scale and write that number in the corresponding Points box. Points will be totaled and averaged for an overall performance score.

**Definitions of Performance Ratings**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
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<tbody>
<tr>
<td>O</td>
<td>Outstanding. Performance is exceptional in all areas and is recognizable as being far superior to others.</td>
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<tr>
<td>V</td>
<td>Very Good. Results clearly exceed most position requirements. Performance is of high quality and is achieved on a consistent basis.</td>
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<tr>
<td>I</td>
<td>Improvement Needed. Performance is deficient in certain areas. Improvement is necessary.</td>
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<tr>
<td>U</td>
<td>Unsatisfactory. Results are generally unacceptable and require immediate improvement. No merit increase should be granted to individuals with this rating.</td>
</tr>
<tr>
<td>N/A</td>
<td>Not Applicable or too soon to rate.</td>
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</tbody>
</table>

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<thead>
<tr>
<th><strong>General Factors</strong></th>
<th><strong>Rating</strong></th>
<th><strong>Scale</strong></th>
<th><strong>Points</strong></th>
<th><strong>Supportive Details or Comments</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Quality</strong> - The extent to which an employee's work is accurate, thorough, and neat.</td>
<td>O</td>
<td>100-90</td>
<td>Points</td>
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<td><strong>2. Productivity</strong> - The extent to which an employee produces a significant volume of work efficiently in a specified period of time.</td>
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<td><strong>3. Job Knowledge</strong> - The extent to which an employee possesses the practical/technical knowledge required on the job.</td>
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<td><strong>4. Reliability</strong> - The extent to which an employee can be relied upon regarding task completion and follow-up.</td>
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<td><strong>5. Attendance</strong> - The extent to which an employee is punctual, observes prescribed work hours/absent periods and has an acceptable overall attendance record.</td>
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<td><strong>6. Independence</strong> - The extent to which an employee performs work without close or no supervision.</td>
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<td>7. Creativity  - The extent to which an employee proposes ideas, finds new and better ways of doing things.</td>
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<td>8. Initiative - The extent to which an employee seeks out new assignments and assumes additional duties when necessary.</td>
<td>O</td>
<td>100-90</td>
<td>Points</td>
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<td>9. Adherence to Policy - The extent to which an employee follows safety and conduct rules, other regulations and adheres to company policies.</td>
<td>O</td>
<td>100-90</td>
<td>Points</td>
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<td>10. Interpersonal Relationships - The extent to which an employee is willing and demonstrates the ability to cooperate, work and communicate with coworkers, supervisors, subordinates and other outside contacts.</td>
<td>O</td>
<td>100-90</td>
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<td>11. Judgment - The extent to which an employee demonstrates proper judgment and decision-making skills when necessary.</td>
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Rate employee's overall performance in comparison to position duties and responsibilities:
- Outstanding: 100-90
- Very Good: 89-80
- Good: 79-70
- Improvements Needed: 69-60
- Unsatisfactory: Below 60

Complete all of the following sections:
1. Accomplishments in new abilities demonstrated since last review.
2. Specific areas of needed improvement.
3. Recommendations for professional development (seminars, training, schooling, etc.).
4. Absences: Number of incidents:
   - Number of days

Employee's Comments:

Discussed with individual on / /  
Employee's Signature / /  
Follow-up required/delayed  
Yes  No  
Follow-up Date / /  
Evaluator's Signature / /  
Date / /