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MYSTORE INC.

JOB DESCRIPTION FOR: **HARDWARE STORE SALESPERSON**

PRIMARY FUNCTIONS

Summary: Sells merchandise to individuals, utilizing knowledge of products sold.

Greets customers and determine types and quality of merchandise desired.

Displays merchandise, suggests items that meet customers' needs and emphasizes selling points of article, such as quality and ease of use.

Demonstrates use of merchandise.

Answers customers' questions; suggests solutions to problems.

Helps customers understand prices.

Explains differences in price and quality.

Places new merchandise on display.

Takes inventory of stock.

Examines defective article returned by customer to determine if refund or replacement should be made.

Uses catalog or computer research availability and price of special order merchandise.

May perform other duties as assigned.

PREREQUISITES

Education/Experience:

Verification of high school diploma or general education degree (GED) or 1-3 months related experience and/or training or comparable combination of education and experience.

Certificates/Licenses:

Various requirements depending on organization.

Language Development:

Reading: Passive vocabulary of 5,000-6,000 words. Read at rate of 190-215 words per minute. Read adventure stories and comic books, looking up unfamiliar words in dictionary for meaning, spelling and pronunciation. Read instructions for assembling model cars and airplanes. Writing: Write compound and complex sentences, using cursive style, proper end punctuation and employing adjectives and adverbs. Speaking: Speak clearly and distinctly with appropriate pauses and emphasis, correct pronunciation, variations in word order, using present, perfect and future tenses. May require multi-lingual skills depending on organization.

Reasoning Development:

Apply common-sense understanding to carry out simple one—or two-step instructions. Deal with standardized situations with occasional or no

variables in or from these situations encountered on the job.

Mathematical Development: Compute discount, interest, profit and loss; commission, markup and selling price; ratio and proportion and percentage. Calculate surfaces, volumes, weights and measures. Algebra: Calculate variables and formulas, monomials and polynomials, ratio and proportion variables and square roots and radicals. Geometry: Calculate plane and solid figures, circumference, area and volume. Understand kinds of angles and properties of pairs of angles.

POSITION CONSIDERATIONS

Job Environment: Exposed to open-air weather conditions less than 1/3 of time. Works near moving mechanical parts less than 1/3 of time. Exposed to airborne particles or fumes less than 1/3 of time. Noise levels are moderate.

Physical Demands: Stands more than 2/3 of time. Walks more than 2/3 of time. Uses hands to feel, finger or handle more than 2/3 of time. Reaches with hands and arms more than 2/3 of time. Listens or talks 1/3 to 2/3 of time. Lifts or exerts force up to 50 pounds less than 1/3 of time. Uses close, distant, color, peripheral, depth perception vision and adjusts vision focus. Individuals with disabilities may receive reasonable accommodations to perform essential work functions.

Supervisory Duties: This position has no supervisory responsibility.

Department: Store General Sales
Reports to: Floor Supervisor
FLSA Class: Management/Non-management

DEVELOPMENT AND APPROVAL

Date revised: 1Mar##
Revised by: I.M Incharge
Approved by: I. Ownit
Approval date: 13Mar##

JOB DESCRIPTION FOR:

PRIMARY FUNCTIONS:

Summary:

May perform other duties as assigned.

PREREQUISITES:

Education/Experience:

Certificates/Licenses:

Language Development:

Reasoning Development:

Mathematical Development:

POSITION CONSIDERATIONS:

Job Environment:

Physical Demands:

Supervisory Duties:

Department:

Reports to:

FLSA Class: Management/Non-management

DEVELOPMENT AND APPROVAL:

Date revised:

Revised by:

Approved by:

Approval date:

SAMPLE EXTERNAL JOB ADVERTISEMENT**HARDWARE SALESPERSON**

1 Vacancy - Start 31-Oct-####

Growing hardware store seeks full-time salesperson, 9-6 Monday-Friday. \$8.50/hr. salary plus overtime; no incentive. Hardwareville, ST. Duties: greet customers, display & explain items, estimate needs, solve problems, maintain department inventory. Requires: H.S. or equivalent, 3 mo. retail, interpersonal skill; willingness to learn. Applications to I.M. Incharge, MyStore Inc., 1 Spokeshave Rd., Hardwareville, ST 98765
Call, write or visit. EOE

Job Description Questionnaire

- Job Designation
- General Summary
- Primary Job Functions
- Education Requirements
- Supervision Requirements
- Aptitude Requirements for the Job
- Physical Requirements Specific to the Job
- Relevant Considerations Pertaining to the Job

Date: _____
Provider: _____
Evaluator: _____

JOB DESCRIPTION QUESTIONNAIRE

Job Designation

Job title:			
Job classification: (circle)	Exempt	Non-exempt	
Immediate supervisor's title:			
Location of job:			
Job status: (circle)	Full Time	Part Time	Temporary

General Summary

In your own words and using enough detail so those not familiar with your organization can understand, describe exactly what is involved in the job, how it is done, and why it is done.

Primary Functions

Explain 4 – 6 primary functions of the job that are performed during a regular work week. Be concise, specific and clear in your description. Do not include extraordinary or occasional assignments that reasonably could be assigned to another job. List the most important function first and then each thereafter in order of importance. For each function noted, include the percentage of time spent on that function during a typical week.

<u>Primary Function</u>	<u>% of Time</u>
<u>Most important:</u>	%
2nd important:	%
3rd important:	%
4th important:	%
5th important:	%
6th important:	%
Time spent for included functions should total 100%	

<u>Additional Functions</u>	<u>Priority #</u>

Supervision Required

Supervision received: How closely and how frequently is work monitored by a supervisor or other employees?

Review level: How frequent and how detailed is supervisor's review of employee's work?

Day-to-day work?

Short term objectives?

Long term goals?

Other?

Responsibility for others: Circle any responsibilities below which are part of this job.

Allocates personnel	Assigns new work	Coordinates activities	Instructs
Maintains standards	Plans work for others	Reviews work of others	Resolves employee problems

Persons supervised: Insert the appropriate numbers of employees supervised.


Number of lower level supervisors supervised by this position	Number of employees supervised by subordinate supervisors	Number of non-management employees directly supervised by this position

Apprentices and helpers: List any "apprentice" and/or "helper" positions assigned to this job.

Lead person: If this job leads other people, explain how.

Education Required

Using a “✓”, indicate the minimum amount of schooling that a person would need to do this job.

“ ” 	<u>Minimum Schooling Needed</u>
	Prior experience or training not required.
	Verification of less than high school education; or 1 month related experience or training; or comparable combination of education and experience.
	Verification of high school diploma or general education degree (GED); or 1 - 3 months related experience and/or training; or comparable combination of education and experience.
	Verification of one year college or technical school; or 3 - 6 months related experience and/or training; or comparable combination of education and experience.
	Verification of associate's degree (A. A.) or equivalent from 2-year college or technical school; or 6 – 12 months related experience and/or training; or comparable combination of education and experience.
	Verification of bachelor's degree (B. A.) from 4-year college or university; or 1 - 2 years related experience and/or training; or comparable combination of education and experience.
	Verification of fifth year college or university program certificate; or 2 - 4 years related experience and/or training; or comparable combination of education and experience.
	Verification of master's degree (M. A.) or equivalent; or 4 - 10 years related experience and/or training; or comparable combination of education and experience.
	Verification of doctoral degree (Ph. D.) or equivalent; or more than 10 years related experience and/or training; or comparable combination of education and experience.

Classroom learning: To do the job satisfactorily, what would a person normally learn in the classroom? For example, basic math, blueprint reading, computers, electricity, welding, etc.?

Special courses: To do the job satisfactorily, are there any special courses that are needed?

Practical Experience: In addition to the education and training above, circle how much on-the-job experience is required before the person would be able to perform the job satisfactorily.

1 – 4 weeks	1 – 4 months	4 - 6 months	6 - 12 months	1 - 2 years	2 – 4 years	More than 4 yr.
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Certificates/licenses: What certificates and/or licenses are required to perform this job?

Aptitudes Required

Using a “✓”, indicate the level of the language, reasoning and mathematical aptitudes that a person would need to do this job.

“✓”	<u>Language Aptitudes Needed</u>
	Reading: Recognize meaning of 2,500 (two- or three-syllable) words. Read at rate of 95-120 words per minute. Compare similarities and differences between words and between series of numbers. Writing: Print simple sentences containing subject, verb, and object, and series of numbers, names, and addresses. Speaking: Speak simple sentences, using normal word order, and present and past tenses.
	Reading: Passive vocabulary of 5,000-6,000 words. Read at rate of 190-215 words per minute. Read adventure stories and comic books, looking up unfamiliar words in dictionary for meaning, spelling, and pronunciation. Read instructions for assembling model cars and airplanes. Writing: Write compound and complex sentences, using cursive style, proper end punctuation, and employing adjectives and adverbs. Speaking: Speak clearly and distinctly with appropriate pauses and emphasis, correct pronunciation, variations in word order, using present, perfect, and future tenses.
	Reading: Read a variety of novels, magazines, atlases, and encyclopedias. Read safety rules, instructions in the use and maintenance of shop tools and equipment, and methods and procedures in mechanical drawing and layout work. Writing: Write reports and essays with proper format, punctuation, spelling, and grammar, using all parts of speech. Speaking: Speak before an audience with poise, voice control, and confidence, using correct English and well-modulated voice.
	Reading: Read novels, poems, newspapers, periodicals, journals, manuals, dictionaries, thesauruses, and encyclopedias. Writing: Prepare business letters, expositions, summaries, and reports, using prescribed format and conforming to all rules of punctuation, grammar, diction, and style. Speaking: Participate in panel discussions, dramatizations, and debates. Speak extemporaneously on a variety of subjects.
	Reading: Read literature, book and play reviews, scientific and technical journals, abstracts, financial reports, and legal documents. Writing: Write novels, plays, editorials, journals, speeches, manuals, critiques, poetry, and songs. Speaking: Conversant in the theory, principles, and methods of effective and persuasive speaking, voice and diction, phonetics, and discussion and debate.
	Reading: Read literature, book and play reviews, scientific and technical journals, abstracts, financial reports, and legal documents. Writing: Write novels, plays, editorials, journals, speeches, manuals, critiques, poetry, and songs. Speaking: Conversant in the theory, principles, and methods of effective and persuasive speaking, voice and diction, phonetics, and discussion and debate.

“✓”	<u>Reasoning Aptitudes Needed</u>
	Apply common sense understanding to carry out simple one- or two-step instructions. Deal with standardized situations with occasional or no variables in or from these situations encountered on the job.
	Apply common sense understanding to carry out detailed but uninvolved written or oral instructions. Deal with problems involving a few concrete variables in or from standardized situations.
	Apply common sense understanding to carry out instructions furnished in written, oral, or diagrammatic form. Deal with problems involving several concrete variables in or from standardized situations.

“”	<u>(Reasoning Aptitudes Continued)</u>
	Apply principles of rational systems to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists. Interpret a variety of instructions furnished in written, oral, diagrammatic, or schedule form. (Examples of rational systems include: bookkeeping, internal combustion engines, electric wiring systems, house building, farm management, and navigation.)
	Apply principles of logical or scientific thinking to define problems, collect data, establish facts, and draw valid conclusions. Interpret an extensive variety of technical instructions in mathematical or diagrammatic form. Deal with several abstract and concrete variables.
	Apply principles of logical or scientific thinking to a wide range of intellectual and practical problems. Deal with nonverbal symbolism (formulas, scientific equations, graphs, musical notes, etc.) in its most difficult phases. Deal with a variety of abstract and concrete variables. Apprehend the most abstruse classes of concepts.

“”	<u>Mathematical Aptitudes Needed</u>
	Add and subtract two digit numbers. Multiply and divide 10's and 100's by 2, 3, 4, 5. Perform the four basic arithmetic operations with coins as part of a dollar. Perform operations with units such as cup, pint, and quart; inch, foot, and yard; and ounce and pound.
	Add, subtract, multiply, and divide all units of measure. Perform the four operations with like common and decimal fractions. Compute ratio, rate, and percent. Draw and interpret bar graphs. Perform arithmetic operations involving all American monetary units.
	Compute discount, interest, profit and loss; commission, markup, and selling price; ratio and proportion; and percentage. Calculate surfaces, volumes, weights, and measures. Algebra: Calculate variables and formulas; monomials and polynomials; ratio and proportion variables; and square roots and radicals. Geometry: Calculate plane and solid figures; circumference, area, and volume. Understand kinds of angles and properties of pairs of angles.
	Algebra: Deal with system of real numbers; linear, quadratic, rational, exponential, logarithmic, angle and circular functions, and inverse functions; related algebraic solution of equations and inequalities; limits and continuity; and probability and statistical inference. Geometry: Deductive axiomatic geometry, plane and solid, and rectangular coordinates. Shop Math: Practical application of fractions, percentages, ratio and proportion, measurement, logarithms, slide rule, practical algebra, geometric construction, and essentials of trigonometry.
	Algebra: Work with exponents and logarithms, linear equations, quadratic equations, mathematical induction and binomial theorem, and permutations. Calculus: Apply concepts of analytic geometry, differentiations, and integration of algebraic functions with applications. Statistics: Apply mathematical operations to frequency distributions, reliability and validity of tests, normal curve, analysis of variance, correlation techniques, chi-square application and sampling theory, and factor analysis.
	Advanced calculus: Work with limits, continuity, real number systems, mean value theorems, and implicit functions theorems. Modern Algebra: Apply fundamental concepts of theories of groups, rings, and fields. Work with differential equations, linear algebra, infinite series, advanced operations methods, and functions of real and complex variables. Statistics: Work with mathematical statistics, mathematical probability and applications, experimental design, statistical inference, and econometrics.

Mechanical: Circle how often mechanical aptitude is needed to perform the job.

Never	Rarely	Occasionally	Frequently	Continuously
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Initiative: Circle how often personal initiative is needed to perform the job.

Never	Rarely	Occasionally	Frequently	Continuously
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Physical Requirements

Environment: Circle the frequency of exposure to the following. Leave blank if exposure is not applicable.

Airborne particles or fumes	less than 1/3	1/3 to 2/3	more than 2/3	of the time
Caustic or toxic chemicals	less than 1/3	1/3 to 2/3	more than 2/3	of the time
Electrical shock risk	less than 1/3	1/3 to 2/3	more than 2/3	of the time
Explosives	less than 1/3	1/3 to 2/3	more than 2/3	of the time
Extremes of cold (non-weather)	less than 1/3	1/3 to 2/3	more than 2/3	of the time
Extremes of heat (non-weather)	less than 1/3	1/3 to 2/3	more than 2/3	of the time
High precarious places	less than 1/3	1/3 to 2/3	more than 2/3	of the time
Humid or wet conditions (non-weather)	less than 1/3	1/3 to 2/3	more than 2/3	of the time
Near moving mechanical parts	less than 1/3	1/3 to 2/3	more than 2/3	of the time
Open-air weather conditions	less than 1/3	1/3 to 2/3	more than 2/3	of the time
Radiation risks	less than 1/3	1/3 to 2/3	more than 2/3	of the time
Vibration	less than 1/3	1/3 to 2/3	more than 2/3	of the time

Activity: Circle the frequency of activity for the following. Leave blank if activity is not applicable.

Balances or climbs	less than 1/3	1/3 to 2/3	more than 2/3	of the time
Crawls, crouches, kneels or stoops	less than 1/3	1/3 to 2/3	more than 2/3	of the time
Listens	less than 1/3	1/3 to 2/3	more than 2/3	of the time
Reaches with hands and arms	less than 1/3	1/3 to 2/3	more than 2/3	of the time
Sits	less than 1/3	1/3 to 2/3	more than 2/3	of the time
Smells or tastes	less than 1/3	1/3 to 2/3	more than 2/3	of the time
Stands	less than 1/3	1/3 to 2/3	more than 2/3	of the time
Talks	less than 1/3	1/3 to 2/3	more than 2/3	of the time
Uses hands to feel, finger, or handle	less than 1/3	1/3 to 2/3	more than 2/3	of the time
Walks	less than 1/3	1/3 to 2/3	more than 2/3	of the time

Force: Circle the frequency using force for the following. Leave blank if activity is not applicable.

Lifts or exerts force of up to 10 pounds	less than 1/3	1/3 to 2/3	more than 2/3	of the time
Lifts or exerts force of up to 25 pounds	less than 1/3	1/3 to 2/3	more than 2/3	of the time
Lifts or exerts force of up to 50 pounds	less than 1/3	1/3 to 2/3	more than 2/3	of the time
Lifts or exerts force of up to 100 pounds	less than 1/3	1/3 to 2/3	more than 2/3	of the time
Lifts or exerts force of more than 100 pounds	less than 1/3	1/3 to 2/3	more than 2/3	of the time

Vision: Circle all vision abilities needed to perform the job.

Close vision	Color vision	Depth perception
Distance vision	Peripheral vision	Adjusting of vision

Noise: Circle the noise level conditions heard during a normal workweek.

Very quiet	Quiet	Moderate noise
Loud noise	Very loud noise	

Other considerations

Note other items relevant to satisfactory performance of this job.

Average percentage of travel time required	Percentage of travel time per month

Oral, written and computer skills required:	

Guideline to Decide Pay Method and Overtime Entitlement

<u>Classification</u>	<u>Typical Function</u>	<u>Pay Method</u>	<u>Overtime</u>
Exempt	Owners, Executives, Managers, Supervisors	Salary	No overtime
Non-exempt Salary	Clerical, Technical, Sales, etc	Salary	Paid overtime
Non-exempt Hourly	Operations, Maintenance, Labor	Hourly	Paid overtime

SAMPLE INTERNAL JOB POSTING**Internal Job Posting - MyStore Inc.**

<i>Position title/Job code</i> <i>Status/Classification</i> <i>Location/# of positions</i> <i>Interview date/Job start date</i> <i>Post date/Posting closes</i> <i>Pay rate/Incentive</i> <i>Hours of work/Week days</i> <i>Send resumes/application to</i> <i>Application/Cover letter</i> <i>Phone # / Visit location</i>	Retail Salesperson Full-time Hardwareville, ST, Store #1 October 11, XXXX September 17, XXXX \$8.50 per hour 9:00 AM to 6:00 PM I. M. Incharge Application form required Phone or visit for information	XX1001 Non-exempt salary One vacancy October 31, XXXX September 22, XXXX No incentive Monday through Friday Mail Station #44 Cover letter required 987-654-3210
Primary Functions	Prerequisites	
Greets customers Displays and explains items Estimates customers' needs Solves customers' problems Maintains department inventory	High school or equivalent 3 months retail experience Able to speak one-on-one Able to relate needs to products willing to learn, accept responsibility	

Application for Employment

An Equal Opportunity Employer

Please Print or Type

Complete both sides of this form

Today's date is _____

Personal Information

Name (Last)	(First)	(Full middle name)	Social Security Number	
Current Address	(City)	(State)	(Zip)	Phone Number to Reach You
Code				
For which position are you applying?	Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date available for employment	
Explain any restrictions on hours, weekends, overtime?		<input type="checkbox"/> No, I will not relocate		<input type="checkbox"/> Yes, I will relocate to these areas:
Have you ever been employed by this organization or its subsidiaries before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give locations and dates employed		
Are you eligible to work in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Non-California: Have you been convicted of a felony within the last 7 years which is not sealed or expunged? No Yes State the nature and date the event occurred.	California Only: Have you been convicted of a felony in the last 7 years which is not sealed or expunged OTHER THAN (a) marijuana-related conviction of more than 2 years ago; (b) offense where you were referred to, and participated in, a pretrial or post trial diversion program? No Yes — State the nature and date the event occurred.		
Nature and date of event if Yes to above:				
Convictions will not automatically disqualify applicants. Severity of the crime and date of conviction will be considered.				

Education

Level of Schooling	School Name and Address			No. of Years Attended	Did You Graduate?	Course of Study	
High School					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business, Trade or Vo-Tech School					<input type="checkbox"/> Yes <input type="checkbox"/> No		
College					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School					<input type="checkbox"/> Yes <input type="checkbox"/> No		
If in school now, indicate class schedule including times	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>

Military

Draft Status:	Reserve Status:
Branch of Service and Highest Rank Attained	Dates of Duty

Driving

If your position with this organization requires you to drive on company business you will be required to provide the following:

Driver License Number	State Where Issued
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Performance of Job Functions

I can perform all of functions of the job for which I am applying, without accommodation, with accommodation
Yes No I am able to perform essential functions of the position for which I am applying with or without reasonable accommodation.
Reasonable accommodations may be provided to qualified individuals with disabilities in accordance with the Americans with Disabilities Act (ADA) and applicable state and local laws.

This organization is an equal opportunity employer which does not discriminate on the basis of race, religion, color, gender, age, national origin, disability, marital status, or veteran status or similar as identified in legal and regulatory guidelines. **(Complete other side)**

Application for Employment

An Equal Opportunity Employer

Please Print or Type

Complete both sides of this form

Sign at the bottom

Employment History

Last Organization Name for which You Worked		Title	
Address	Supervisor	Phone Number	
Pay per week or hour \$	Date Started Working	Date Ended Working	
Acquired Skills	Reason for Leaving		
2nd to Last Organization Name for which You Worked		Title	
Address	Supervisor	Phone Number	
Pay per week or hour \$	Date Started Working	Date Ended Working	
Acquired Skills	Reason for Leaving		
3rd to Last Organization Name for which You Worked		Title	
Address	Supervisor	Phone Number	
Pay per week or hour \$	Date Started Working	Date Ended Working	
Acquired Skills	Reason for Leaving		
4th to Last Organization Name for which You Worked		Title	
Address	Supervisor	Phone Number	
Pay per week or hour \$	Date Started Working	Date Ended Working	
Acquired Skills	Reason for Leaving		

Acknowledgement

I certify that all the information on this application, my resume, or any supporting documents is correct. I understand that any misrepresentation or omission of any information will result in disqualification from consideration for employment or, if employed, my termination. I understand this application is current for sixty (60) days. After this time, if I have not heard from the Company and still wish to be considered for employment it will be necessary for me to complete a new application. I understand that this application is not a contract, offer or promise of employment. If hired, I am able to resign at any time for any reason. Similarly, the Company can terminate my employment at any time, with or without any reason. As a condition of employment I understand that I may be required to sign a non-compete agreement, a conflict of interest statement, and/or an arbitration agreement and I hereby agree to arbitrate all disputes regarding my application for employment and any employment related matters rather than resolving them in court or other forum.

I authorize the Company or its agents to investigate all statements contained in this application and/or resume. I understand that a credit and background check may be made including, but not limited to, consumer credit history, criminal history, driving record, employment, military, education and general public records which may provide information concerning my character and general reputation. I hereby authorize my former employers, educational institutions or other reference providers to furnish all information pertaining to my work or educational record. I release my former employers, educational institutions, supervisors, and references from all liability associated with furnishing information to this company or its agents. If I wish to obtain a copy of the consumer credit history report if made, it will be provided upon written request. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that the Company may now have, or may establish, a drug-free workplace or a post-accident drug-testing program. If it has one now and I am offered a conditional offer of employment I agree to work under the conditions requiring a drug-free workplace. I also understand that all employees of the location may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If detected, the offer of employment will be withdrawn. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo random, fitness for duty, return to work and reasonable suspicion alcohol and drug testing. Refusal to take such tests when asked may result in termination.

Applicant Signature	Applicant Printed Name	Date signed
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This organization is an equal opportunity employer which does not discriminate on the basis of race, religion, color, gender, age, national origin, disability, marital status, or veteran status or similar as identified in legal and regulatory guidelines. **(Complete other side)**

Authorization to Obtain a Consumer Credit Report and Release of Information for Employment Purposes

Pursuant to the federal Fair Credit Reporting Act, I,

_____ Applicant Name _____, hereby authorize

_____ Prospective Employer Name _____ and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation or public agency may have. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish this prospective employer or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby release this prospective employer and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at anytime result to me, my heirs, family or associates because of compliance with this authorization and request to release. You may contact me as indicated on the Authorization to Obtain a Consumer Credit Report and Release of Information for Employment Purpose form. I understand that a copy of this authorization may be given at any time, provided I do so in writing.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's right will be provided to me.

Authorization to Obtain a Consumer Credit Report and Release of Information for Employment Purposes

Name (Full):					
Maiden Last Name:					
Print All Former Names:					
Social Security Number:			Gender:		Race:
Date of Birth:			Current Phone Number:		
Street Address:					
City, State & ZIP					
Driver's License Number:			State Issued:		
Name on Driver's License					
May we contact your employers?		Yes	No	May we contact your supervisors?	
				Yes	
				No	
Prior residence, past 7 years				From	to
Prior residence, past 7 years				From	to
Prior residence, past 7 years				From	to
Have you been convicted of or pled guilty or "no contest" to a criminal charge?				Yes	No
Are you currently awaiting trial, sentencing or disposition of a criminal charge?				Yes	No
Have you ever been a defendant in a civil action for intentional tort(s)? (Intentional torts include, but are not limited to, battery, assault, false imprisonment, defamation, fraud, conversion)?					
				Yes	No
If you answered Yes to any of the 3 questions above, provide the Case Numbers, Date of Action, Disposition, Place of Occurrence and Current Status					
Please explain. If more space is needed, add supplemental sheets.					

By signing below, you are certifying that the above information is true and correct.

Signature _____

Date _____

SAMPLE EMPLOYMENT OFFER

ORGANIZATION LETTERHEAD

October 20, 20XX
Mr. I. M. A. Newbee
1010 Carpenter Lane
Hardwareville, ST 98765-4321

Dear Mr. Newbee:

On behalf of MyStore, Inc., I am pleased to confirm the details of our full-time non-exempt salary position offer to you as a salesperson reporting to Flora Boss. Your start time and date for the position are 9:00 AM, November 2, 20XX. Your pay will be \$8.50 per hour, which normally will be paid the 15th and 30th of each month. You will be working at our Spokeshave Store #3, 2010 Ballpeen Road, Hardwareville, ST. Your initial hours of work will be 9:00 AM through 6:00 PM Monday through Friday.

Below are some of the more pertinent details about the position you are being offered:

Primary functions in your position will include among others:

- Greeting customers
- Displaying merchandise
- Estimating customer needs
- Solving customer problems
- Maintaining department inventory
- Other activities as may be assigned from time to time

You are required to show employment eligibility through the I-9 Form.

Your benefits are those which are normally provided as detailed in our Employee Handbook.

MyStore practices a drug-free workplace program, and your employment is contingent upon the successful outcome of a drug screening. This screening will be arranged at the store's expense.

By acceptance of this position, you certify that you have no contracts, covenants or similar agreements that would preclude employment in any capacity with MyStore, Inc. and its subsidiaries or affiliates.

Other considerations pertaining to your employment with MyStore are included in our Employee Handbook.

The contents of this letter are confidential to the store and you. The foregoing sets forth some specifics about the position you are being offered and discusses the compensation you will receive upon acceptance and fulfillment of the position's requirements. Please understand that acceptance of our offer by way of this letter does not create an employment contract between us, but merely creates an "at-will" employment relationship subject to the specifics outlined in this letter.

We are pleased with your decision to consider MyStore. This offer will remain in effect for five calendar days from the date of this letter. If you choose to accept the position, please confirm your understanding and acceptance of our employment offer by countersigning in the space below. Please forward this master co-signed letter to me before October 20, 20XX. Please keep a copy for your files. If you choose not to accept our offer, please contact me directly and return this letter with your rejection noted and signed.

Sincerely,

I. M. Incharge
Store Manager
Accepted by:

Signature
c: I. Ownit
Employee file

Date

LETTERHEAD

Date

Mr./Ms.

Address

City, State & ZIP

Dear:

On behalf of (STORE/ORGANIZATION), I am pleased to confirm the details of our position offer to you as _____(TITLE)_____. In this capacity you will report to (TITLE)_____ and your work site will be at (ORGANIZATION LOCATION/ADDRESS). Below are some of the more pertinent details about the position you are being offered:

- Your start date will be on or before DD-MM-YY
- Your compensation will be \$\$\$\$ per hour or pay period.
- Your primary functions will include among others:
 - IDENTIFY PRIMARY FUNCTION
 - IDENTIFY PRIMARY FUNCTION
 - IDENTIFY PRIMARY FUNCTION
 - IDENTIFY PRIMARY FUNCTION
 - IDENTIFY PRIMARY FUNCTION
 - Other activities as may be assigned from time to time.
- Due to your particular circumstances,.....INSERT ANYTHING SPECIAL ABOUT THE ARRANGEMENT WITH THE ORGANIZATION
- You will be considered for various benefits in accordance with our policy manual.
 - Our holidays will consist of (NUMBER) statutory days as detailed in the (E.G. THE ORGANIZATION POLICIES AND PROCEDURES MANUAL.)
 - Upon completion of one year of organization service, you will be entitled to (NUMBER) weeks of vacation to be taken at dates agreed upon and approved by the organization.
- With acceptance of employment, (STORE/ORGANIZATION) may require you to enter into a (LOYALTY, CONFIDENTIALITY AND NON-COMPETE) agreement on the organization's standard form. A copy is enclosed for your signature.

- By acceptance of this position you certify that you have no contracts, covenants or similar agreements which would preclude employment in any capacity with (STORE/ORGANIZATION) and its subsidiaries in any capacity.
- You will be required to show employment eligibility through the I-9 Form.
- (STORE/ORGANIZATION) practices a drug free workplace philosophy and your employment is contingent upon the successful outcome of a drug screening. This screening will be arranged at the company's expense.
- Other considerations pertaining to your employment with (STORE/ORGANIZATION) are included in our (POLICIES AND PROCEDURES MANUAL).

The contents of this letter are confidential to the company and you. The foregoing sets forth some specifics about the position you are being offered and discusses the compensation you will receive upon acceptance and fulfillment of the position's requirements. Please understand that acceptance of our offer by way of this letter does not create an employment contract between us, but merely creates an "at-will" employment relationship subject to the specifics outlined in this letter.

We are pleased with your decision to consider (STORE/ORGANIZATION). We believe we have a challenging opportunity to offer you. If you choose to accept the position, please confirm your understanding of our employment offer by countersigning in the space below. Please review and sign the (E.G., NON-COMPETE) form. Please send both this co-signed letter and the signed form to (DESIGNATE PERSON) before (INSERT SPECIFIC DATE...5 – 7 WORKING DAYS IS APPROPRIATE_____, 20XX). If you choose not to accept our offer, please contact me directly at (SPECIFIC PERSON'S PHONE NUMBER) and return this letter with your rejection noted.

Sincerely,

Name
Title

Accepted by:

Signature

Date

C: Payroll
Supervisor
Employee file
Encl.

Reference Check Authorization and Release

Ladies and Gentlemen:

I, _____ Name of applicant _____, agree to allow
_____ Prospective hiring organization _____ to
contact those whom I identified as references during my new employment process.

I agree not to hold any identified references liable for damages relating to any truthful information they provide regarding my qualifications for employment with this organization. Please furnish the information requested.

Thank you for your assistance in providing your reference.

Sincerely,

Applicant

Reference Request: Information From Former Employer

Former employer Name:	
Former employer Street Address:	
Former employer Address cont'd.:	
Former employer City, State & ZIP:	
Former employer Phone Number:	

Ladies and Gentlemen:

_____ Name of applicant _____ is applying for the position of
 _____ Title of position _____ with our organization.

During our hiring process the applicant indicated employment with your organization. We would be pleased if you would provide information requested below and return this letter in the enclosed postage-paid envelope.

Attached is a copy of the applicant's signed release authorization form. If you have questions or wish to contact me regarding this request, you may reach me via:

Phone number and/or email

Former employee Name:		
Employment Dates:	From	To
Last position Title:		
Key Responsibilities:		
Workmanship Quality:		
Eligible for Rehire:	Yes	No
Work-related Comment:		

Thank you.

Sincerely,

Title

PREVIOUS EMPLOYMENT INQUIRY

REFERENCES CHECK FORM

Name _____

Address _____

SSN _____ HIRE DATE _____ TERM. DATE _____

TITLE _____ PAY RATE _____

The above person applied for a position with us and has given your name as a former employer. S/he stated the above facts in our employment application. Your verification of this and other information concerning the applicant will be valuable to us. Information given will be in confidence. Thank you for your help.

CONSIDERATIONS	Please check your rating below			
	Excels	Good	Fair	Poor
Dependability and trustworthiness				
Fit with co-workers (well liked, cooperative)				
Provided satisfactory services				
Your satisfaction with work habits				

Why did this person leave your organization?

Would you re-employ this person?
Why?

Yes__ No__

Please indicate below any corrections to information and comments you have about this person.

Thank you for your assistance. Please sign and date this form below.

Signature: _____ Title: _____ Date: _____

Sending Organization _____

Signature: _____ Title: _____ Date: _____

<u>State</u>	<u>Requirements</u>	<u>Contacts</u>	<u>Resources</u>
Alabama	Child Labor	Alabama Department of Labor Child Labor Office 100 N. Union St. Montgomery, Ala. 36130 (334) 242-3460	http://dir.alabama.gov/docs/
	Workers' Compensation Benefits	Alabama Department of Industrial Relations Workers' Compensation Division 649 Monroe St. Montgomery, Ala. 36131 (800) 528-5166/(334) 353-0990	
	Unemployment Benefits	Alabama Department of Industrial Relations Division of Employment Security 649 Monroe St. Montgomery, Ala. 36131 (334) 242-8945	
Alaska	EEO/FEP	Alaska State Commission for Human Rights Administrative and Central Investigative Units 800 A St., Ste. 204 Anchorage, Alaska 99501 (907) 274-4692	http://www.labor.state.ak.us/employer/employer.htm
	Sexual Harassment		
	Wages and Hours Minimum Wage/Overtime Hours Child Labor	Alaska Department of Labor and Workforce Development Wage and Hour Administration P.O. Box 107021 Anchorage, Alaska 99521 (907) 269-4900	http://www.labor.state.ak.us/lss/posters.htm
	Job Safety and Health Emergency Information Numbers	Alaska Department of Labor and Workforce Development Division of Labor Standards and Safety Occupational Safety and Health 3301 Eagle St. P.O. Box 107022 Anchorage, Alaska 99510 (907) 269-4940	http://www.labor.state.ak.us/wc/pdf_list.htm

	Workers' Compensation	Department of Labor and Workforce Development Workers' Compensation Division 1111 W. 8th St., Rm. 305 P.O. Box 25512 Juneau, Alaska 99802 (907) 465-2790	
	Unemployment Benefits	Alaska Department of Labor and Workforce Development Employment Security Tax Division P.O. Box 25509 Juneau, Alaska 99802 (907) 465-1849	
ARIZONA	EEO/FEP	Office of the Attorney General Civil Rights Division 1275 W. Washington St. Phoenix, Ariz. 85007 (602) 542-5263 400 W. Congress St. Tucson, Ariz. 85701 (520) 628-6500	See contact information to the left
	Wages and Hours	Arizona Industrial Commission Labor Department 800 W. Washington St. Phoenix, Ariz. 85007 (602) 542-4515/542-5125	
	Job Safety and Health	Arizona Industrial Commission Occupational Safety and Health Division 800 W. Washington St. Phoenix, Ariz. 85007 (602) 542-5795/(602) 542-1769	
	Workplace Smoking	Arizona Department of Health Services Office of Environmental Health Arizona Smoke-Free Program 150 N. 18th Ave, Suite 430 Phoenix, Ariz. 85007 (877) AZSTOPS/(602) 364-3122	

	Workers' Compensation Benefits	Arizona Industrial Commission 800 W. Washington St. Phoenix, Ariz. 85007 (602) 542-4538	
	Unemployment Benefits	Arizona Department of Economic Security Systems Development 1789 W. Washington, Site Code 721A Phoenix, Ariz. 85005 (602) 542-5939 its	
ARKANSAS	Wages and Hours	Arkansas Department of Labor Division of Labor Standards 10421 W. Markham St. Little Rock, Ark. 72205 (501) 682-4500	http://www.awcc.state.ar.us/revforms.html
	Job Safety and Health Right-to-Know	Arkansas Department of Labor Safety Division 10421 W. Markham St. Little Rock, Ark. 72205 (501) 682-9090	http://www.arkansas.gov/labor/pdf/required_postings2005.pdf
	Workers' Compensation	Arkansas Workers' Compensation Commission Fourth and Spring St. P.O. Box 950 Little Rock, Ark. 72203 (501) 682-3930	
	Unemployment Benefits	Arkansas Department of Workforce Services Status Unit #1 Pershing Circle North Little Rock, Ark. 72114 (501) 682-3201	
	Health Insurance	Arkansas Insurance Department 1200 W. Third St. Little Rock, Ark. 72201 (800) 852-5494	
CALIFORNIA	General Services and Postings	Department of General Services Publications Unit P.O. Box 1015 (4675 Watt Ave.) North Highlands, Calif. 95660	http://www.dir.ca.gov/wp.asp http://www.dir.ca.gov/DOSH/pu

	<p>EEO/FEP Communications</p>	<p>California Department of Fair Employment and Housing 455 Golden Gate Ave., Ste. 7600 San Francisco, Calif. 94102 (415) 703-4175 (800) 884-1684 (in-state)</p> <p>Communication Center 2014 T St., Ste. 210 Sacramento, Calif. 95814 (916) 227-0551</p>	<p>border.asp</p> <p>http://www.edd.ca.gov/direp/pf/pub.asp</p>
	<p>Wages and Hours Pay Days Minimum Wage</p>	<p>Department of Industrial Relations Public Information Office P.O. Box 420603 San Francisco, Calif. 94142 (415) 703-5070</p>	
	<p>Time Off To Vote</p>	<p>California Secretary of State Elections Division 1500 11th St. Sacramento, Calif. 95814 (916) 657-2166</p>	
	<p>Job Safety and Health</p>	<p>California Department of Industrial Relations Division of Occupational Safety and Health 455 Golden Gate Ave., 10th floor San Francisco, Calif. 94102 (415) 703-5100</p>	
	<p>Emergency Information Numbers</p>	<p>Department of Industrial Relations Cal/OSHA Consultation Service Education and Training Unit 2211 Park Towne Circle, Ste. 4 Sacramento, Calif. 95825 (916) 574-2555</p>	
	<p>Whistleblower Protection</p>	<p>Office of the Attorney General California Department of Justice P.O. Box 944255 Sacramento, CA 94244-2550 (800) 952-5225 (hotline)</p>	

	Workers' Compensation	California Department of Industrial Relations Division of Workers' Compensation 455 Golden Gate Avenue, 9th fl. San Francisco, CA 94102-3660 (415) 703-4600	
	Unemployment Benefits	California Employment Development Department Disability Insurance Branch P.O. Box 826880 Sacramento, Calif. 94280 (916) 654-8198	
COLORADO	EEO/FEP	Colorado Division of Civil Rights 1560 Broadway, Ste. 1050 Denver, Colo. 80202 (800) 262-4845/(303) 894-2997	http://www.dora.state.co.us/civil-rights/
	Wages and Hours Minimum Wage	Colorado Department of Labor and Employment Division of Labor Labor Standards Office 633 17th St. Denver, Colo. 80202 (303) 318-8441	http://www.coworkforce.com/lab/Poster.pdf http://www.coworkforce.com/dwc/FORMS/ByNumber.asp
	Workers' Compensation Benefits	Colorado Department of Labor and Employment Division of Workers' Compensation 633 17th St., Suite 400 Denver, Colo. 80202-3660 (303) 318-8700	
	Unemployment Benefits	Colorado Department of Labor and Employment Unemployment Insurance Program P.O. Box 8789 Denver, Colo. 80201 (303) 318-9100	
CONNECTICUT	EEO/FEP Sexual Harassment	Connecticut Commission on Human Rights and Opportunities 21 Grand St. Hartford, Conn. 06106 (860) 541-3400	http://www.ctdol.state.ct.us/Labor_Posters.htm

	Wages and Hours Minimum Wage	Connecticut Department of Labor Division of Wage and Workplace Standards 200 Folly Brook Blvd. Wethersfield, Conn. 06109 (860) 263-6790	
	Job Safety and Health	Connecticut Department of Labor OSHA Division Statistics Unit 38 Wolcott Hill Rd. Wethersfield, Conn. 06109 (860) 566-4550	
	Electronic Monitoring	Connecticut Department of Labor 200 Folly Brook Blvd. Wethersfield, CT 06109 (860) 263-6550	
	Workers' Compensation Benefits	Connecticut Workers' Compensation Commission Capital Place 21 Oak St. Hartford, Conn. 06106 (860) 493-1500/(800) 223-9675	
	Unemployment Benefits	Connecticut Department of Labor and Employment Employment Security Division Deputy Commissioner's Office 200 Folly Brook Blvd. Wethersfield, Conn. 06109 (860) 566-4280	
DELAWARE	General Employment Information	Delaware Department of Labor Division of Industrial Affairs Office of Labor Law Enforcement 4425 N. Market St. Wilmington, Del. 19802 (800) 464-4357/(302) 761-8200	See contact information to the left
	Unemployment Benefits	Department of Labor Division of Unemployment Insurance 4425 N. Market St. Wilmington, Del. 19802 (302) 761-8482	

DISTRICT OF COLUMBIA	EEO/FEP	D.C. Office of Human Rights 441 4th St., N.W., Ste. 570N Washington, D.C. 20001 (202) 727-4559	See contact information to the left
	Wages and Hours Minimum Wage/Overtime Hours	D.C. Department of Employment Services Office of Labor Standards Office of Wage-Hour 77 P. St., N.E., 3rd floor Washington, D.C. 20002 (202) 671-1880	
	Workers' Compensation	D.C. Department of Employment Services Office of Workers' Compensation 77 P St., N.E., 2nd floor Washington, D.C. 20002 (202) 671-1000	
	Unemployment Benefits	D.C. Department of Employment Services Office of Unemployment Compensation Tax Division 609 H St., NE, 3rd floor Washington, D.C. 20002 (202) 724-7457/(202) 698-7550	
FLORIDA	EEO/FEP	Florida Commission on Human Relations 2009 Apalachee Parkway, Ste. 100 Tallahassee, Fla. 32301 (850) 488-7082 Florida Agency for Workforce Innovation Office for Civil Rights Caldwell Bldg. - MSC 150 107 E. Madison St. Tallahassee, Fla. 32399 (850) 921-3205	http://www.floridajobs.org/PDG/posters.html http://www.myflorida.com/dor/forms/download/
	Wages and Hours Minimum Wage	Florida Agency for Workforce Innovation 107 E. Madison St. Caldwell Bldg. Tallahassee, Fla. 32399 (850) 245-7105	

	Child Labor	Florida Department of Business and Professional Regulation Division of Professions Farm and Child Labor Program 1940 N. Monroe St. Tallahassee, Fla. 32399 (850) 488-3131	
	Workers' Compensation Benefits	Florida Division of Workers' Compensation Customer Service Center 200 E. Gaines St. Tallahassee, FL 32399-4227	
	Unemployment Benefits	Unemployment Benefits Florida Agency for Workforce Innovation Office of Unemployment Compensation MSC 229 107 E. Madison St. Tallahassee, Fla. 32399-4135 (866) 778-7356/(850) 488-6800	
GEORGIA	EEO/FEP	Georgia Commission on Equal Opportunity 710 Cain Tower 229 Peachtree St. Atlanta, Ga. 30303 (404) 656-1736	http://www.dol.state.ga.us/em/required_posters.htm
	Wages and Hours Equal Pay	Georgia Department of Labor Office of Equal Opportunity 148 International Blvd., N.E. Sussex Place, Ste. 200 Atlanta, Ga. 30303 (404) 232-3392	
	Workplace Smoking	Georgia Department of Human Resources Division of Public Health 2 Peachtree St. N.W. Atlanta, Ga. 30303-1342 (877) 343-3340	
	Workers' Compensation Benefits	Georgia State Board of Workers' Compensation 270 Peachtree St., N.W. Atlanta, Ga. 30303 (404) 656-3870	

	Unemployment Benefits	Georgia Department of Labor Division of Unemployment Insurance State Labor Bldg. 148 International Blvd., N.E. Atlanta, Ga. 30303 (404) 656-3131	
HAWAII	General Information	State of Hawaii Information Office Department of Labor and Industrial Relations 830 Punchbowl St., Rm. 322 Honolulu, Hawaii 96813 (808) 586-8842	http://hawaii.gov/labor/
IDAHO	EEO/FEP	Idaho Human Rights Commission 1109 Main St. P.O. Box 83720 Boise, Idaho 83720 (208) 334-2873	http://cl.idaho.gov/ftp/requiredposters.pdf
	Wages and Hours Minimum Wage/Overtime Hours	Idaho Department of Labor Wage and Hour Section 317 W. Main St. Boise, Idaho 83735 (208) 332-3579	
	Workers' Compensation Benefits	Idaho Industrial Commission 317 Main St. P.O. Box 83720 Boise, Idaho 83720 (208) 334-6000	
	Unemployment Benefits	Idaho Department of Commerce and Labor Unemployment Insurance Division Employer Accounts Bureau 317 W. Main St. Boise, Idaho 83735 (208) 332-3570	
ILLINOIS	General Information Equal Pay Victims' Rights	Illinois Department of Labor Fair Labor Standards Division 160 N. LaSalle St., Ste. C-1300 Chicago, Ill. 60601 (312) 793-2800	http://www.state.il.us/agency/idol/Posters/poster.htm

	Job Safety and Health	Illinois Department of Labor 160 N. LaSalle St., Ste. C-1300 Chicago, Ill. 60601 (312) 793-7308	
	Workers' Compensation Benefits	Illinois Workers' Compensation Commission 100 W. Randolph St., Ste. 8-200 Chicago, Ill. 60601 (312) 814-6611	
	Unemployment Benefits	Illinois Department of Employment Security Correspondence and Hot Line Unit 401 S. State St., 4th Floor North Chicago, Ill. 60605 (312) 793-4880/(800) 247-4984 (in state)	
INDIANA	EEO/FEP	Indiana Civil Rights Commission Indiana Government Center North 100 N. Senate Ave., Rm. N-103 Indianapolis, Ind. 46204 (317) 232-2600	http://www.state.in.us/sic/owners/ic.html
	Wages and Hours Minimum Wage	Indiana Department of Labor Wage and Hour Division 402 W. Washington St., Rm. W195 Indianapolis, Ind. 46204 (317) 232-2655	http://www.state.in.us/labor/iosha/poster2.html
	Child Labor	Indiana Department of Labor Bureau of Child Labor 402 W. Washington St., Rm. W195 Indianapolis, Ind. 46204 (317) 232-2655	
	Job Safety and Health	Indiana Department of Labor IOSHA Compliance Division 402 W. Washington St., Rm. W195 Indianapolis, Ind. 46204 (317) 232-2655	
	Workers' Compensation Benefits	Indiana Workers' Compensation Board 402 W. Washington St., Rm. W196 Indianapolis, Ind. 46204 (800) 824-2667/(317) 232-3808	

	Unemployment Benefits	Indiana Department of Workforce Development 10 N. Senate Ave. Indianapolis, Ind. 46204 (888) WORK-ONE/(317) 232-6702	
IOWA	EEO/FEP	owa Civil Rights Commission Grimes State Office Bldg. 400 E. 14th St. Des Moines, Iowa 50319 (800) 457-4416/(515) 281-4121	http://www.iowaworks.org/reqposters.htm
	Wages and Hours Minimum Wage/Overtime Hours Job Safety and Health	Iowa Workforce Development Iowa Division of Labor 1000 E. Grand Ave. Des Moines, Iowa 50319 (515) 281-3606	
	Workers' Compensation Benefits	owa Division of Workers' Compensation 1000 E. Grand Ave. Des Moines, Iowa 50319 (515) 281-5387	
	Unemployment Benefits	Iowa Department of Workforce Development 1000 E. Grand Ave. Des Moines, Iowa 50319 (515) 281-3201	
KANSAS	EEO/FEP	Kansas Human Rights Commission 900 S.W. Jackson St., Ste. 568 South Topeka, Kan. 66612 (785) 296-3206	http://www.dol.ks.gov/ES/html/posters_DBR.html
	Wages and Hours Child Labor	Kansas Department of Labor Office of Employment Standards 1430 S.W. Topeka Blvd., 3rd fl. Topeka, Kan. 66612 (785) 296-4062	
	Workers' Compensation Benefits	Kansas Department of Labor Division of Workers Compensation 800 S.W. Jackson, Ste. 600 Topeka, Kan. 66612 (785) 296-2996/296-4062	

	Unemployment Benefits	Kansas Department of Labor Division of Employment Security 401 S.W. Topeka Blvd. Topeka, Kan. 66603 (785) 296-5000/296-4062	
KENTUCKY	EEO/FEP	Kentucky Commission on Human Rights 332 W. Broadway Heyburn Bldg., 7th Fl. Louisville, Ky. 40202 (800) 292-5566/(502) 595-4024	http://www.oet.ky.gov/pubs/publications.asp
	Wages and Hours Equal Pay Minimum Wage/Overtime Hours Child Labor	Kentucky Department of Labor Division of Employment Standards, Appenticeship and Training 1047 U.S. 127 South, Ste. 4 Frankfort, Ky. 40601 (502) 564-3070	
	Job Safety and Health	Kentucky Department of Labor Occupational Safety and Health Program Division of Compliance 1047 U.S. 127 South Frankfort, Ky. 40601 (502) 564-3070	
	Noise Standard	Kentucky Department of Labor Division of Employment Standards, Appenticeship and Training 1047 U.S. 127 South Frankfort, Ky. 40601 (502) 564-3070	
	Radiation Protection	Kentucky Department for Public Health Radiation Health and Toxic Agents Branch 275 E. Main St. Frankfort, Ky. 40621 (502) 564-3700	
	Workers' Compensation Benefits	Kentucky Department of Labor Office of Workers' Claims 657 Chamberlin Avenue Frankfort, Ky. 40621 (502) 564-5550	

	Unemployment Benefits	Kentucky Department for Workforce Investment Office of Employment and Training Division of Unemployment Insurance 275 E. Main St. Frankfort, Ky. 40621 (502) 564-2272/564-2900	
LOUISIANA	EEO/FEP	Louisiana Department of Labor Compliance Programs Director P.O. Box 94094 1001 N. 23rd St. Baton Rouge, La. 70804 (225) 342-3075	http://www.ldol.state.la.us/gm_onlineservices.asp
	Sickle Cell	Louisiana Department of Labor P.O. Box 94094 Baton Rouge, La. 70804 (225) 342-3202	
	Genetic Information	Louisiana Department of Labor P.O. Box 94094 Baton Rouge, La. 70804 (225) 342-3202	
	Out-of-State Vehicles	Louisiana Department of Labor P.O. Box 94094 Baton Rouge, La. 70804 (225) 342-3280	
	Workplace Smoking	Louisiana Department of Labor Office of Workforce Development P.O. Box 94094 Baton Rouge, La. 70804 (225) 342-3280	
	Wages and Hours Military Leave	Louisiana Department of Labor P.O. Box 94094 Baton Rouge, La. 70804 (800) 336-4590 (Employer Support of the Guard and Reserve Committee)	
	Wage Payment Child Labor	Louisiana Department of Labor Office of Workforce Development P.O. Box 94094 Baton Rouge, La. 70804 (225) 342-3280	

	Workers' Compensation Benefits	Louisiana Office of Workers' Compensation Administration P.O. Box 94040 Baton Rouge, La. 70804 (225) 342-7555	
	Unemployment Benefits	Louisiana Department of Labor Office of Regulatory Services P.O. Box 94186 Baton Rouge, La. 70804 (225) 342-3013	
Maine	General Information	(800) 872-3838 in state (800) 541-5872 out of state	http://www.state.me.us/mhrc/publish.htm http://www.maine.gov/labor/bls/posters/
	EEO/FEP	Maine Human Rights Commission State House Station 51 Augusta, Me. 04333 (207) 624-6050	
	Sexual Harassment		
	Wages and Hours	Maine Department of Labor Bureau of Labor Standards Wage and Hour Division State House Station 45 Augusta, Me. 04333 (207) 624-6400/624-6410	
	Child Labor		
	Minimum Wage/Overtime Hours		
	Job Safety and Health Public Employers		
Whistleblower Protection			
Workers' Compensation Benefits	Maine Workers' Compensation Board 27 State House Station Augusta, Me. 04333 (207) 287-3751		
Unemployment Benefits	Maine Department of Labor Attn: Employer Status Unit Bureau of Unemployment Compensation P.O. Box 259 Augusta, Me. 04332 (207) 287-3176		

MARYLAND	EEO/FEP	Maryland Commission on Human Relations 6 St. Paul St., Ste. 900 Baltimore, Md. 21202 (410) 767-8600	http://www.dlir.state.md.us/
	Minimum Wage/Overtime Hours Wages and Hours Equal Pay Child Labor	Maryland Department of Labor, Licensing and Regulation Division of Labor and Industry Employment Standards Service 1100 N. Eutaw St., Rm. 607 Baltimore, Md. 21201 (410) 767-2357	
	Job Safety and Health	Maryland Department of Labor, Licensing and Regulation Division of Labor and Industry/MOSH Training and Education Unit Laurel Executive Center, Ste. 600 312 Marshall Ave. Laurel, Md. 20707 (410) 767-SAFE	
	Health Insurance	Maryland Department of Labor, Licensing and Regulation Division of Labor and Industry 1100 N. Eutaw St. Baltimore, Md. 21201 (410) 767-2236	
	Workers' Compensation Benefits	Maryland Workers' Compensation Commission 10 E. Baltimore St. Baltimore, Md. 21202 (410) 864-5100	
	Unemployment Benefits	Maryland Department of Labor, Licensing, and Regulation Office of Unemployment Insurance 1100 N. Eutaw St. Baltimore, Md. 21201 (410) 767-2444	

MASSACHUSETTS	EEO/FEP Maternity Leave	Massachusetts Commission Against Discrimination McCormack State Office Bldg. 1 Ashburton Place, Rm. 601 Boston, Mass. 02108 (617) 994-6000	http://www.state.ma.us/dia http://www.state.ma.us/dia/Employer/Employer.htm
	Wages and Hours Minimum Wage/Overtime Hours	Massachusetts Office of the Attorney General Fair Labor and Business Practices Division One Ashburton Place, Room 1813 Boston, Mass. 02108 (617) 727-3465	http://www.detma.org/revforms.htm
	Workplace Smoking	Massachusetts Department of Public Health Tobacco Control Program 250 Washington Street Boston, MA 02108 (800) 992-1895	
	Job Safety and Health Right-to-Know	Massachusetts Department of Labor and Workforce Development Division of Occupational Safety 1001 Watertown St. West Newton, Mass. 02465 (617) 969-7177	
	Workers' Compensation Benefits	Massachusetts Department of Industrial Accidents 600 Washington St., 7th Fl. Boston, Mass. 02111 (617) 727-4900	
	Unemployment Benefits	Massachusetts Division of Employment and Training Charles F. Hurley Bldg. 19 Staniford St. Boston, Mass. 02114 (617) 626-5400	
MICHIGAN	EEO/FEP	Michigan Department of Civil Rights State of Michigan Plaza Bldg., 6th fl. 1200 6th Ave. Detroit, Mich. 48226 (313) 256-2663	http://www.michigan.gov/cis

	<p>Wages and Hours</p> <p>Minimum Wage/Overtime Hours</p> <p>Child Labor</p>	<p>Michigan Department of Labor and Economic Growth Wage and Hour Division 7150 Harris Dr. P.O. Box 30476 Lansing, Mich. 48909 (517) 322-1825</p>	
	<p>Job Safety and Health</p> <p>Right-to-Know</p>	<p>Michigan Department of Labor and Economic Growth MIOSHA 7150 Harris Dr. P.O. Box 30643 Lansing, Mich. 48909 (517) 322-1814</p>	
	<p>Whistleblower Protection</p>	<p>Michigan Department of Labor and Economic Growth Media and Public Relations 611 W. Ottawa Lansing, Mich. 48909 (517) 373-1820</p>	
	<p>Workers' Compensation</p>	<p>Michigan Department of Labor and Economic Growth Workers' Compensation Agency Box 30016 Lansing, Mich. 48909 (888) 396-5041</p>	
	<p>Unemployment Benefits</p>	<p>Michigan Department of Labor and Economic Growth Unemployment Insurance Agency Cadillac Place, 3024 W. Grand Blvd. Detroit, Mich. 48202 (800) 638-3994 (in-state)/(313) 456-2400 (out-of-state)</p>	
MINNESOTA	<p>General Information</p>	<p>Minnesota Department of Labor and Industry Information Processing Center Poster Requests 443 Lafayette Rd. North St. Paul, Minn. 55155 (651) 284-5042/(800) DIAL-DLI</p>	<p>http://www.doli.state.mn.us/posters.html</p> <p>http://www.uimn.org/tax/forms.htm</p>

	EEO/FEP Age Discrimination Prohibitions	(651) 284-5005	
	Job Safety and Health	(651) 284-5050	
	Workers' Compensation Benefits	(651) 284-5032	
MISSISSIPPI	Workers' Compensation Benefits	Mississippi Workers' Compensation Commission 1428 Lakeland Dr. P.O. Box 5300 Jackson, Miss. 39296 (601) 987-4200	http://www.mwcc.state.ms.us/forms/formsall.html
	Unemployment Benefits	Mississippi Department of Employment Security 1235 Echelon Parkway P.O. Box 1699 Jackson, Miss. 39215 (601) 321-6000	
MISSOURI	EEO/FEP	Missouri Commission on Human Rights 3315 W. Truman Blvd. Ste. 212 Jefferson City, Mo. 65102 (573) 751-3325	http://www.dolir.mo.gov/posters2.htm
	Minimum Wage	Missouri Department of Labor and Industrial Relations Division of Labor Standards 3315 W. Truman Blvd., Room 205 P. O. Box 449 Jefferson City, Mo. 65102 (573) 751-3403	
	Child Labor	Missouri Department of Labor and Industrial Relations Division of Labor Standards 3315 W. Truman Blvd., Room 205 P. O. Box 449 Jefferson City, Mo. 65102 (573) 751-3194	

		<p>Missouri Department of Labor and Industrial Relations Division of Workers' Compensation 3315 W. Truman Blvd. P.O. Box 58 Jefferson City, Mo. 65102 (573) 751-4231</p>	
	Workers' Compensation Benefits	<p>Missouri Department of Labor and Industrial Relations Division of Workers' Compensation 3315 W. Truman Blvd. P.O. Box 58 Jefferson City, Mo. 65102 (573) 751-4231</p>	
	Unemployment Benefits	<p>Missouri Department of Labor and Industrial Relations Division of Employment Security 421 E. Dunklin St. P.O. Box 59 Jefferson City, MO 65104 (573) 751-9040</p>	
MONTANA	EEO/FEP	<p>Montana Department of Labor and Industry Employment Relations Division Human Rights Bureau 1625 11th Ave. P.O. Box 1728 Helena, Mont. 59624 (406) 444-2884</p>	<p>http://dli.state.mt.us/resource/reqpost.htm</p>
	Wages and Hours Minimum Wage/Overtime Hours	<p>Montana Department of Labor and Industry Employment Relations Division Labor Standards Bureau Wage and Hour Unit P.O. Box 6518 Helena, Mont. 59604 (406) 444-5600</p>	
	Workplace Smoking	<p>Montana Tobacco Use Prevention Program P.O. Box 202951 Helena, Mont. 59620-2951 (406) 444-9617</p>	

	Workplace Smoking	Montana Tobacco Use Prevention Program P.O. Box 202951 Helena, Mont. 59620-2951 (406) 444-9617	
	Workers' Compensation Benefits	Montana Department of Labor and Industry Employment Relations Division WC Claims Assistance Bureau P.O. Box 8011 Helena, Mont. 59604 (406) 444-6543	
	Unemployment Benefits	Montana Department of Revenue Unemployment Insurance Program Mitchell Bldg. P.O. Box 5805 Helena, Mont. 59604 (406) 444-6900/444-3783	
NEBRASKA	EEO/FEP	Nebraska Equal Opportunity Commission State Office Bldg. 301 Centennial Mall South, 5th Fl. P.O. Box 94934 Lincoln, Neb. 68509 (800) 642-6112/(402) 471-2024	http://www.neoc.ne.gov/edu/poster.htm
	Wages and Hours Minimum Wage Job Safety and Health	Nebraska Department of Labor Division of Safety and Labor Standards State Office Bldg. 301 Centennial Mall South Lincoln, Neb. 68509 (402) 471-2239	
	Unemployment Benefits	Nebraska Department of Labor Office of Workforce Services 550 S. 16th Street Lincoln, Neb. 68509-4600 (402) 471-9813	
NEVADA	EEO/FEP	Nevada Equal Rights Commission Department of Employment, Training, and Rehabilitation 1515 E. Tropicana Ave., Ste. 590 Las Vegas, Nev. 89119 (702) 486-7161	http://www.laborcommissioner.com/forms.htm http://dirweb.state.nv.us/iirsfor

	Wages and Hours Polygraph Testing	Office of the Labor Commissioner Nevada Department of Business and Industry 675 Fairview Dr., Ste. 226 Carson City, Nev. 89701 (775) 687-4850	m.htm
	Job Safety and Health Emergency Information Numbers	Nevada Department of Business and Industry Division of Industrial Relations Safety Consultation and Training Section 1301 N. Green Valley Pkwy., Ste. 200 Henderson, Nev. 89074 (702) 486-9020	
	Workers' Compensation	Nevada Department of Business and Industry Division of Industrial Relations Industrial Insurance Regulation Section 400 W. King St., Ste. 400 Carson City, Nev. 89703 (775) 684-7260	
	Unemployment Benefits	Nevada Department of Employment, Training and Rehabilitation Employment Security Division Contributions Section 500 E. Third St. Carson City, Nev. 89713 (775) 687-4545	
NEW HAMPSHIRE	EEO/FEP	New Hampshire Commission for Human Rights 2 Chenell Drive Concord, N.H. 03301 (603) 271-2767	http://www.labor.state.nh.us/mandatory_posters.asp
	Wages and Hours Minimum Wage/Overtime Hours	New Hampshire Department of Labor Inspection Division P.O. Box 2076 Concord, N.H. 03302 (603) 271-1492/3176	

	Right-to-Know	New Hampshire Department of Labor P.O. Box 2076 Concord, N.H. 03302 (603) 271-1492/3176	
	Whistleblower Protection	New Hampshire Department of Labor P.O. Box 2076 Concord, N.H. 03302 (603) 271-1492/271-3176	
	Workers' Compensation Benefits	(603) 271-3174	
	Unemployment Benefits	New Hampshire Department of Employment Security 32 S. Main St. Concord, N.H. 03301 (603) 224-3311/(800) 852-3400	
NEW JERSEY	EEO/FEP Family Leave	New Jersey Department of Law and Public Safety Division on Civil Rights 31 Clinton St., 3rd Fl. Newark, N.J. 07102 (973) 648-2700	http://www.state.nj.us/labor/lss/e/lsefrce.html
	Wages and Hours Minimum Wage/Overtime Hours Unemployment Benefits	New Jersey Department of Labor and Workforce Development Office of Constituent Relations P.O. Box 110 Trenton, N.J. 08625 (609) 777-3200 New Jersey Department of Labor and Workforce Development Division of Wage and Hour Compliance P.O. Box 389 Trenton, N.J. 08625 (609) 292-2337	
	Workers' Compensation Benefits	Contact organization's own insurance carriers	

NEW MEXICO	EEO/FEP	New Mexico Department of Labor Human Rights Division 1596 Pacheco St., Ste. 103 Santa Fe, N.M. 87505 (505) 827-6838/(800) 566-9471	http://www.dol.state.nm.us/dol_poster.html
	Wages and Hours Minimum Wage	New Mexico Department of Labor Labor and Industrial Division 1596 Pacheco St., Ste. 105 Santa Fe, N.M. 87505 (505) 827-6875	http://www.state.nm.us/wca/Publications.htm
	Job Safety and Health	New Mexico Environment Department Occupational Safety and Health Bureau 525 Camino de los Marquez P.O. Box 26110 Santa Fe, N.M. 87502 (505) 476-8700	
	Workers' Compensation Benefits	New Mexico Workers' Compensation Administration P.O. Box 27198 Albuquerque, N.M. 87125 (866) 967-5667(800) 255-7965	
	Unemployment Benefits	New Mexico Department of Labor Employment Security Department Unemployment Insurance Bureau 401 Broadway, N.E. P.O. Box 2281 Albuquerque, N.M. 87102 (505) 841-8567	
NEW YORK	EEO/FEP	New York State Division of Human Rights One Fordham Plaza, 4th fl. Bronx, N.Y. 10458 (718) 741-8400	http://www.dhr.state.ny.us/
	Wages and Hours Minimum Wage/Overtime Hours	New York Department of Labor Division of Labor Standards State Office Campus Bldg. 12, Room 185A Albany, N.Y. 12240 (518) 457-2730	http://www.labor.state.ny.us/workerprotection/laborstandards/employer/posters.shtm

	Child Labor	New York Department of Labor Division of Labor Standards Worker Protection State Office Campus Bldg. 12, Room 185C Albany, N.Y. 12240 (518) 457-2730	
	Job Safety and Health	New York Department of Labor Division of Safety and Health Radiological Health Unit State Campus, Bldg. 12 Albany, NY 12240 (518) 457-1202	
	Workers' Compensation Benefits	New York State Workers' Compensation Board 100 Broadway-Menands Albany, N.Y. 12241 (866) 750-5157	
	Unemployment Benefits	New York Department of Labor Unemployment Insurance Division Registration Subsection State Office Bldg. Campus Albany, N.Y. 12240-0339 (518) 457-4179/485-8589	
NORTH CAROLINA	General Information	North Carolina Department of Labor Wage and Hour Bureau 4 W. Edenton St. Raleigh, N.C. 27601 (800) LABOR-NC/(919) 807-2796	http://www.nclabor.com/pubs.htm
	Workers' Compensation Benefits	North Carolina Industrial Commission 4340 Mail Service Center Raleigh, N.C. 27699 (919) 807-2500	
	Unemployment Benefits	Employment Security Commission of North Carolina Unemployment Insurance Division P.O. Box 26504 Raleigh, N.C. 27611 (919) 733-7156	

NORTH DAKOTA	Wages and Hours Equal Pay	North Dakota Department of Labor 600 E. Blvd. Dept. 406 Bismarck, N.D. 58505 (800) 582-8032/(701) 328-2660	http://www.nd.gov/labor/publications/posters.html
	Workers' Compensation Benefits	North Dakota Workforce Safety and Insurance 1600 East Century Avenue, Ste. 1 Bismarck, N.D. 58506 (701) 328-3800	
	Unemployment Benefits	Job Service North Dakota P.O. Box 5507 Bismarck, N.D. 58506 (701) 328-2814	
OHIO	EEO/FEP	Ohio Civil Rights Commission Office of Public Affairs 1111 E. Broad St., Ste. 301 Columbus, Ohio 43205 (614) 466-2785/(888) 278-7101	See contact information to the left
	Wages and Hours Minimum Wage/Overtime Hours Child Labor	Ohio Department of Commerce Division of Labor and Worker Safety Wage and Hour Bureau 50 W. Broad St., Ste. 2800 Columbus, Ohio 43215 (614) 644-2239	
	Job Safety and Health	Ohio Department of Commerce Division of Labor and Worker Safety Public Employment Risk Reduction Program 50 W. Broad St., Ste. 2900 Columbus, Ohio 43215 (800) 671-6858/(614) 644-2246	
	Workers' Compensation Benefits	Ohio Bureau of Workers' Compensation Publications and Forms Office 30 W. Spring St. Columbus, Ohio 43215 (614) 466-4781/(800) 644-6292 (in-state)	

	Unemployment Benefits	Ohio Department of Job and Family Services Unemployment Compensation Tax Division 4300 Kimberley Pkwy. P.O. Box 923 Columbus, Ohio 43216 (614) 466-2319	
OKLAHOMA	EEO/FEP	Oklahoma Human Rights Commission 2101 N. Lincoln Blvd., Rm. 480 Oklahoma City, Okla. 73105 (405) 521-2360/(405) 521-3441	http://www.oesc.state.ok.us/ES/labor_posters.htm
	Wages and Hours Minimum Wage Child Labor	Oklahoma Department of Labor Wage and Hour Division 4001 N. Lincoln Blvd. Oklahoma City, Okla. 73105 (405) 528-1500/(888) 269-5353	
	Workers' Compensation Benefits	Oklahoma Workers' Compensation Court Attn: Publications 1915 N. Stiles Ave. Oklahoma City, Okla. 73105 (405) 522-8600	
	Unemployment Benefits	Oklahoma Employment Security Commission Status Department 2401 N. Lincoln Blvd. P.O. Box 52003 Oklahoma City, Okla. 73152 (405) 557-7200/557-7136	
OREGON	Wages and Hours Family/Medical Leave	Oregon Bureau of Labor and Industries Technical Assistance Unit 800 N.E. Oregon St., Ste. 32 Portland, Ore. 97232 (503) 731-4200	http://www.oregon.gov/BOLI/CRD/C_Postings.shtml http://www.cbs.state.or.us/wcd/operations/coverage/nocorder.html http://www9.emp.state.or.us/ta
	Job Safety and Health	Oregon Department of Consumer and Business Services Oregon OSHA 350 Winter St. N.E., Rm. 430 Salem, Ore. 97310 (800) 922-2689/(503) 378-3272	

	Workplace Smoking	Oregon Department of Consumer and Business Services Workers' Compensation Division 350 Winter St. N.E., Rm. 21 Salem, Ore. 97310 (503) 947-7814/947-7820	x/forms.cfm
	Unemployment Benefits	Oregon Employment Department Unemployment Insurance Tax Unit 875 Union St. N.E. Salem, Ore. 97311 (503) 947-1488	
PENNSYLVANIA	EEO/FEP	Pennsylvania Human Relations Commission Pennsylvania Place 301 Chestnut St. Harrisburg, Pa. 17101-2702 (717) 787-4410	http://www.dli.state.pa.us
	Wages and Hours	Pennsylvania Department of Labor and Industry Bureau of Labor Law Compliance 1305A Labor and Industry Bldg. Seventh and Forster Sts. Harrisburg, Pa. 17120 (717) 787-4670	
	Workers' Compensation Benefits	Pennsylvania Department of Labor and Industry Bureau of Workers' Compensation 1171 S. Cameron St., Rm. 324 Harrisburg, Pa. 17104 (717) 772-0621	
	Unemployment Benefits	Pennsylvania Department of Labor and Industry Bureau of Unemployment Compensation Benefits and Allowances Labor and Industry Bldg. Seventh and Forster Sts. Harrisburg, Pa. 17121 (717) 783-3140	

PUERTO RICO	Wages and Hours Hours of Work	Departamento del Trabajo y Recursos Humanos Avenida Munoz Rivera 505 Hato Rey, P.R. 00918 (809) 754-5353	See contact information to the left
	Job Safety and Health	Departamento del Trabajo y Recursos Humanos Oficina de Seguridad y Salud en el Trabajo Avenida Munoz Rivera 505 Hato Rey, P.R. 00918 (809) 754-2172 Puerto Rico Insurance Fund P.O. Box 365028 San Juan, P.R. (809) 268-2420	
	Unemployment Benefits	Departamento del Trabajo y Recursos Humanos Edificio Prudencio Rivera Martinez Avenida Munoz Rivera 505 Hato Rey, P.R. 00918 (809) 754-5254	
RHODE ISLAND	EEO/FEP	Rhode Island Commission for Human Rights 180 Westminster St., Third Floor Providence, R.I. 02903 (401) 222-2661	http://www.dlt.state.ri.us/lmi/business/post.htm
	Wages and Hours Parental/Family Medical Leave	Rhode Island Department of Labor and Training Division of Labor Standards 1511 Pontiac Ave. Cranston, R.I. 02920 (401) 462-8550	
	Job Safety and Health Right-to-Know	Rhode Island Department of Labor and Training Division of Occupational Safety 1511 Pontiac Ave. Cranston, R.I. 02920 (401) 462-8558	

	Workplace Smoking	Rhode Island Department of Health Tobacco Control Program 3 Capitol Hill Providence, R.I. 02908 (401) 222-3293	
	Workers' Compensation Benefits	Rhode Island Department of Labor and Training Division of Workers' Compensation 1511 Pontiac Ave. Cranston, R.I. 02920 (401) 462-8100	
	Unemployment Benefits	Rhode Island Department of Labor and Training Temporary Disability Insurance Division 1511 Pontiac Ave. Cranston, R.I. 02920 (401) 462-8810	
SOUTH CAROLINA	EEO/FEP	South Carolina Human Affairs Commission 2611 Forest Dr., Ste. 200 P.O. Box 4490 Columbia, S.C. 29240 (803) 737-7800	http://www.llr.state.sc.us/AboutUs/Dopi.asp#poster
	Wages and Hours	South Carolina Department of Labor, Licensing and Regulation Office of Wages and Child Labor P.O. Box 11329 Columbia, S.C. 29211 (803) 734-9627 Office of Communications P.O. Box 11329 Columbia, S.C. 29211 (803) 896-4380	
	Job Safety and Health	South Carolina Department of Labor, Licensing, and Regulation Office of OSHA Compliance P.O. Box 11329 Columbia, S.C. 29211 (803) 734-9607	

	Job Safety and Health	South Carolina Department of Labor, Licensing, and Regulation Office of OSHA Compliance P.O. Box 11329 Columbia, S.C. 29211 (803) 734-9607	
	Workers' Compensation Benefits	South Carolina Workers' Compensation Commission 1612 Marion St. P.O. Box 1715 Columbia, S.C. 29202 (803) 737-5751	
	Unemployment Benefits	South Carolina Employment Security Commission 1550 Gadsden St. P.O. Box 995 Columbia, S.C. 29202 (803) 737-2400	
SOUTH DAKOTA	Workers' Compensation Benefits	South Dakota Department of Labor Division of Labor and Management 700 Governors Dr. Pierre, S.D. 57501 (605) 773-3681	See contact information to the left
	Unemployment Benefits	South Dakota Department of Labor Unemployment Insurance Division 420 S. Roosevelt P.O. Box 4730 Aberdeen, S.D. 57402 (605) 626-2312	
TENNESSEE	EEO/FEP	Tennessee Human Rights Commission 530 Church St., Ste. 400 Cornerstone Square Bldg. Nashville, Tenn. 37243 (615) 741-5825 Equal Employment Opportunity Commission 50 Vantage Way, Ste. 202 Nashville, Tenn. 37228 (615) 736-5820	http://www.state.tn.us/labor-wfd/poster.htm

Wages and Hours	<p>Tennessee Department of Labor and Workforce Development (615) 741-2257</p> <p>Division of Labor Standards 710 James Robertson Pkwy., 2nd Fl. Nashville, Tenn. 37243 (615) 741-2858</p>	
Job Safety and Health	<p>Tennessee Department of Labor and Workforce Development Division of Occupational Safety and Health 710 James Robertson Pkwy., 3rd Fl. Nashville, Tenn. 37243 (615) 741-2793</p>	
Workers' Compensation Benefits	<p>Tennessee Department of Labor and Workforce Development Workers' Compensation Division 710 James Robertson Pkwy., 2nd Fl. Nashville, Tenn. 37243 (800) 332-2667/(615) 532-4812</p>	
Unemployment Benefits	<p>Tennessee Department of Labor and Workforce Development Division of Employment Security Bureau of Unemployment Insurance 500 James Robertson Pkwy., 8th Fl. Nashville, Tenn. 37245-1700 (615) 741-2486</p>	
Drug-Free Workplace	<p>Tennessee Department of Labor and Workforce Development Division of Workers' Compensation Drug-Free Workplace Program Andrew Johnson Tower, 2nd Floor 710 James Robertson Pkwy. Nashville, Tenn. 37243 (800) 332-2667</p>	

TEXAS	EEO/FEP	Texas Workforce Commission Civil Rights Division 6330 Hwy. 290 East, Ste. 250 P.O. Box 13006 Austin, Tex. 78711-3006 (512) 463-2642	http://www.twc.state.tx.us/ui/law/posters.html http://www.twc.state.tx.us/ui/tax/respon.html
	Wages and Hours Pay Day	Texas Workforce Commission Labor Law Section TEC Bldg. 101 E. 15th St., Ste. 110 Austin, Tex. 78778 (512) 463-2747/(512) 837-9559 (800) 832-9243	
	Child Labor	Texas Workforce Commission Child Labor Enforcement TEC Bldg. 101 E. 15th St. Austin, Tex. 78778 (512) 837-9559 (800) 832-9423 (in Texas only)	
	Workers' Compensation Benefits	Texas Department of Insurance Division of Workers' Compensation 7551 Metro Center Drive, MS-92B Austin, Tex. 78744-1609 (866) 393-6432/(512) 804-4240 (customer services)	
	Radiation Protection	Texas Department of State Health Services Radiation Control 1100 West 49th St. Austin, Tex. 78756-3189 (512) 834-6688	
	Unemployment Benefits	Texas Workforce Commission TEC Bldg. 101 E. 15th St. Austin, Tex. 78778 (512) 463-2747	

Utah	Job Safety and Health	Utah Labor Commission OSHA Division 160 E. 300 South, 3rd fl. Salt Lake City, Utah 84114 (801) 530-6901	http://laborcommission.utah.gov/Required_Posters/required_posters.html
	Workers' Compensation Benefits	Utah Labor Commission Division of Industrial Accidents 160 E. 300 South P.O. Box 146610 Salt Lake City, Utah 84114 (801) 530-6844/530-6800	
	Unemployment Benefits	Utah Department of Workforce Services 140 E. 300 South P.O. Box 45249 Salt Lake City, Utah 84145 (801) 526-9235	
VERMONT	EEO/FEP Sexual Harassment	Vermont Human Rights Commission 135 State St. Montpelier, Vt. 05633 (802) 828-2480	http://www.labor.vermont.gov/actions/uiwages/wage/posters/
	Wages and Hours Minimum Wage/Overtime Hours	Vermont Department of Labor Wage and Hour Program P.O. Box 488 5 Green Mountain Dr. Montpelier, Vt. 05601 (802) 828-0267	
	Child Labor Parental/Family Leave	Vermont Department of Labor P.O. Box 488 5 Green Mountain Dr. Montpelier, Vt. 05620 (802) 828-2157	
	Job Safety and Health	Vermont Department of Labor VOSHA P.O. Box 488 5 Green Mountain Dr. Montpelier, Vt. 05620 1-800-287-2765	

	Workplace Smoking	Vermont Department of Health Division of Health Protection 108 Cherry St. P.O. Box 70 Burlington, Vt. 05402 (802) 863-7226/(800) 439-8550 (in-state)	
	Workers' Compensation Benefits	Vermont Department of Labor Workers' Compensation Division P.O. Box 488 5 Green Mountain Dr. Montpelier, Vt. 05620 (802) 828-2288	
	Unemployment Benefits	Vermont Department of Labor P.O. Box 488 Montpelier, Vt. 05620 (877) 214-3331/(802) 828-4344	
VIRGINIA	EEO/FEP	Virginia Council on Human Rights 900 E. Main St. Pocahontas Bldg., 4th Fl. Richmond, Va. 23219 (804) 225-2292	See contact information to the left
	Job Safety and Health	Virginia Department of Labor and Industry Virginia Occupational Safety and Health Program 13 S. 13th St. Richmond, Va. 23219 (804) 371-2327	
	Workers' Compensation Benefits	Virginia Workers' Compensation Commission 1000 DMV Dr. Richmond, Va. 23220 (877) 664-2566	
	Unemployment Benefits	Virginia Employment Commission Unemployment Insurance Division P.O. Box 1358 Richmond, Va. 23218 (804) 786-4359	

WASHINGTON	EEO/FEP	Washington State Human Rights Commission 711 S. Capitol Way, Ste. 402 P.O. Box 42490 Olympia, Wash. 98504 (360) 753-6770	http://www.lni.wa.gov/IPUB/101-054-000.asp http://www.lni.wa.gov/IPUB/
	Wages and Hours Job Safety and Health Workers' Compensation Benefits	Washington Department of Labor and Industries Employment Standards P.O. Box 44510 Olympia, Wash. 98504 (360) 902-5316/(800) 547-8367	http://fortress.wa.gov/esd/portal/unemployment/forms
	Industrial Insurance	Washington Department of Labor and Industries Insurance Services Division Employer Services P.O. Box 44144 Olympia, Wash. 90504-4144 (360) 902-4817/(800) LISTENS	
	Unemployment Benefits	Washington Employment Security Department Employment Security Bldg. 212 Maple Park Dr. P.O. Box 9046 Olympia, Wash. 98504 (360) 902-9360	
	WEST VIRGINIA	EEO/FEP	West Virginia Human Rights Commission 1321 Plaza East, Ste. 108A Charleston, W.Va. 25301 (304) 558-2616

	<p>Wages and Hours Minimum Wage/Overtime Hours</p> <p>Parental Leave</p> <p>Child Labor</p> <p>Meal Breaks</p>	<p>West Virginia Division of Labor Wage and Hour Section Capitol Complex Bldg. 6, Rm. B-749 Charleston, W.Va. 25305 (304) 558-7890</p>	
	<p>Workers' Compensation Benefits</p>	<p>BrickStreet Insurance 4101 MacCorkle Ave., S.E. Charleston, W.Va. 25304 (304) 926-3470/(866) 452-7425</p>	
	<p>Unemployment Benefits</p>	<p>West Virginia Bureau of Employment Programs Unemployment Compensation Division 112 California Ave. Charleston, W.Va. 25305 (304) 558-2624</p>	
WISCONSIN	<p>General information</p>	<p>Document Sales Department of Administration 202 S. Thornton Ave. P.O. Box 7840 Madison, Wis. 53707 (800) DOC-SALE/(608) 266-3358</p> <p>Re: statutory requirements, phone (608) 267-8997, poster changes and updates, phone (608) 267-4444.</p>	<p>http://www.dwd.state.wi.us/dwd/posters.htm</p>

	<p>EEO/FEP</p> <p>Polygraph Testing</p> <p>Business Closings/Mass Layoffs/Health Benefits</p> <p>Termination</p>	<p>Wisconsin Department of Workforce Development Equal Rights Division 201 E. Washington Ave., Rm. A300 P.O. Box 8928 Madison, Wis. 53708 (608) 266-6860 and 819 N. 6th St., Rm. 255 Milwaukee, Wis. 53203 (414) 227-4384</p>	
	<p>Wages and Hours Minimum Wage</p>	<p>Wisconsin Department of Workforce Development Equal Rights Division 201 E. Washington Ave., Room A300 P.O. Box 8928 Madison, Wis. 53708 (608) 266-6860</p>	
	<p>Child Labor</p>	<p>Wisconsin Department of Workforce Development Equal Rights Division P.O. Box 8928 Madison, Wis. 53708 (608) 266-6860 and 819 N. 6th St. Milwaukee, Wis. 53203 (414) 227-4384</p>	
	<p>Family/Medical Leave</p>	<p>Wisconsin Department of Workforce Development Equal Rights Division 201 E. Washington Ave., Rm. A300 P.O. Box 8928 Madison, Wis. 53708 (608) 266-6880 and 819 N. 6th St., Rm. 255 Milwaukee, Wis. 53203 (414) 227-4384</p>	

	Unemployment Benefits	Unemployment Compensation Division Benefit Operations Bureau P.O. Box 7905 Madison, Wis. 53707 (608) 267-8997	
WYOMING	General information	Wyoming Department of Employment Employment Resources Division P.O. Box 2760 Casper, Wyo. 82602 (307) 235-3217/(307) 235-3278 (fax)	http://wydoe.state.wy.us/doe.asp?ID=131
	Job Safety and Health	Wyoming Department of Employment Workers' Safety - OSHA 122 West 25th St. Herschler Bldg. 2 East Cheyenne, Wyo. 82002 (307) 777-7786/777-6763	

Course Evaluation

Please rate (Name) _____ as presenter, and the presentation, (Topic) _____, from 1 to 5 on the following factors, with:
1=strongly disagree, 2=disagree, 3=neutral, 4=agree 5=strongly agree.

Por favor evalúe la presentación realizada por (Nombre) _____ y la presentación, (Tema) _____ de 1 a 5 respecto de los siguientes factores, siendo:
1=muy en desacuerdo, 2=en desacuerdo, 3=neutral, 4=de acuerdo, 5=muy de acuerdo.

Factor	Rating				
The information provided was valuable. La información provista fue valiosa.	1	2	3	4	5
The information presented was easy to understand. La información presentada fue fácil de entender.	1	2	3	4	5
The presenter was knowledgeable of the topic. La facilitadora demostró su conocimiento de los temas.	1	2	3	4	5
Visual aids used were helpful. Las ayudas visuales empleadas fueron útiles.	1	2	3	4	5
Follow-up information offered through SOI is valuable. La información adicional ofrecida en SOI es valiosa.	1	2	3	4	5
The presenter modeled the behavior advocated. La facilitadora se comportó de acuerdo al modelo presentado.	1	2	3	4	5
I learned something from the presentation. Aprendí algo de la presentación.	1	2	3	4	5
Material presented can enhance my skills. El material presentado puede mejorar mis habilidades.	1	2	3	4	5
Material presented will help me work with prospects/clients. El material presentado me ayudará a trabajar con los clientes actuales/ potenciales.	1	2	3	4	5
My behavior changed/will change as a result of this session. Mi comportamiento se modificó / modificará como consecuencia de esta presentación.	1	2	3	4	5

Additional comments/Comentarios adicionales:

Dealing with Sexual Harassment

Name

Has Completed an over view of sexual harassment situation management and has demonstrated an appreciation of effective interventions in the functional areas of:

Recognizing sexual harassment, responding to sexual harassment situations and dealing with sexual harassment incidents.

Via a 60 minutes course presentation, individual participation, review of practical managerial tools and involvement in questions and answers on considerations and organization-specific examples for effective handling.

Presenter _____ Date _____

Employee Harassment Presentation Summary

PHRST & Company, Inc.

Key point information for course planning and implementation

Presenter(s)

Name:	Raymond A. Parker, SPHR
Title:	Chairman
Address:	1201 N. Oceanshore Blvd. Flagler Beach, FL 32136

Organization Name:	PHRST & Company, Inc.
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Phone:	800-285-8380-code-14
Fax:	704-426-1252
E-Mail:	ray.parker@soi.com

Classification:	Human Resource Outsourcing Provider
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Co-presenter:	None
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Presentation Title

Recognizing, Responding To And Dealing With Harassment

Level

Targeted Audience:	Entry through senior level
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Learning Objectives

1. At the end of the seminar participants will be able to demonstrate knowledge of two basic types of harassment and provide examples of each by successfully completing a post course quiz.
2. During the second half of the session participants will demonstrate an understanding of the basic issues and misconceptions about harassment by participating in a frequently asked questions discussion of material presented.
3. At the conclusion of the session, participants will be able to suggest a variety of strategies for preventing sexual harassment in the workplace, as evidenced by successful performance on a post session quiz.

Duration / Group Size / Location / Setup

Duration is 90 minutes for the base course with a 30 minute "actions" section available. The presentation is most effective for groups of 12 to 20, although larger sessions can be accommodated with less participant interaction. Delivery may be at the worksite or provider-arranged facilities in any major city area. A "U" shape classroom setup is appropriate with presenter accommodations at the front.

Employee Harassment Presentation Summary

PHRST & Company, Inc.

Key point information for course planning and implementation

Methodology

Definitions and basic concepts related to sexual harassment will be presented in lecture format. Examples will be provided to illustrate harassment situations. After basic material is presented, attendees will participate in a discussion related to frequently asked questions about harassment. A post course quiz of session material will be given. Successful completion in the class and on the quiz will qualify the participant for receipt of a course certificate. CEU = 1.0

Session Focus

A practical tools-of-the-trade approach is utilized to clarify and communicate key points and their application. The objective is to equip attendees with fundamental insight into recognizing, responding to and dealing with harassment in and outside of the workplace. Presentation is applicable to all levels of employees and fulfills management's "general duty" responsibility to inform and acquaint employees with harassment policy and action awareness. Emphasis for supervisory personnel on actions to take is provided in an extended session.

AV/Equipment Needs

Computer projection capability (*PowerPoint* format), overhead projector back-up capability, projection screen, large group audio address capability, lavalier microphone capability, and sample/handout distribution method/capability.

Program Pricing

A minimum one half-day fee of \$700.00 is charged with travel, room, board and miscellaneous expenses added at cost. A per-participant fee is not charged. Program recording has an additional fee of \$3,500; the provider reserves all rights.

Biographical Sketch

Raymond A. Parker, SPHR, is Chairman for PHRST & Company. Beginning his business career in 1971, he has held senior positions with U.S. Steel, Ryder System, Rodime, ADP, SOI and private companies. Experienced in all areas of HR management, he is author of a text on HR applications. He teaches, writes and speaks extensively and is recognized internationally as an authority on dealing with workplace violence.

Program Evaluation

Program Title
Presenter Name

Date

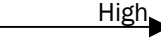
Presentation Location

Started
Ended

AM PM
AM PM

Please give an anonymous program evaluation. Rate items by highlighting one number in the columns to the right. One (1) is a low rating and four (4) is a high rating.

Considerations

Opinion
Low  High

The Textbook/Materials

The text/materials adequately explain the concepts presented.	1	2	3	4
The text/materials were appropriate for the subject taught.	1	2	3	4
The lessons in the text/materials were too short.	1	2	3	4
The text/materials were adequately readable.	1	2	3	4
The text/material is applicable to my situation.	1	2	3	4

The Presenter

The presenter provided adequate explanation of textbook/handout materials.	1	2	3	4
The presenter gave the program in an easy-to-understand manner.	1	2	3	4
The presenter provided adequate examples to illustrate key points.	1	2	3	4
The presenter provided ample time for questions and discussion.	1	2	3	4
The presenter is interesting.	1	2	3	4

The Program

The program taught me how to apply the information presented to me.	1	2	3	4
The program provided ideas on how to handle work-related situations.	1	2	3	4
I can adapt the program material to my work situation.	1	2	3	4
I learned in the program.	1	2	3	4
I enjoyed the program.	1	2	3	4

The Audio/Video

The audio/video gave adequate explanation of the concepts presented.	1	2	3	4
The audio/video material presented is applicable to my work situation.	1	2	3	4
The audio/video was appropriate for the material being taught.	1	2	3	4
The audio/video lessons are too short.	1	2	3	4
The audio/video is understandable.	1	2	3	4

Overall, I rate the program as: 1 2 3 4

Comments:

(Training Topic) Presentation Summary

(Provider Organization Name)

Key point information for course planning and implementation

Presenter(s)

Name:	
Title:	
Address:	

Organization Name:	
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Phone:	
Fax:	
E-Mail:	

Classification:	
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Co-presenter:	
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Presentation Title

--

Level

Targeted Audience:	
--------------------	--

Learning Objectives

1. At the end of the seminar participants will be able to demonstrate
2. During the session participants will
.
3. At the conclusion of the session, participants will be able to

Duration / Group Size / Location / Setup

Duration
Group size
Delivery location

(Training Topic) Presentation Summary

(Provider Organization Name)

Key point information for course planning and implementation

Methodology

[Empty box for Methodology content]

Session Focus

[Empty box for Session Focus content]

AV/Equipment Needs

[Empty box for AV/Equipment Needs content]

Program Pricing

[Empty box for Program Pricing content]

Biographical Sketch

[Empty box for Biographical Sketch content]

Internal Quality Service Critique

Factor											Rating	
Delivery	Accounting	Delivery	Electrical	Executive	Garden	Lumber	Office-Admin	Paint	Tools	Warehouse	For each department to the left, rate each item by noting 1 - 5	
											Does the department:	

Rate the following 1 - 5 where 5 = Best

1. Skilled											Demonstrate knowledge, skills and ability to get the task done?
2. Decisive											Act decisively and take action within limits of authority?
3. Attentive											Keep up with happenings, activities and actions in my area?
4. Courteous											Work with me in a polite and professional manner?
5. Informative											Identify our services, explain their use and highlight new ways to use them?
6. Responsive											Respond quickly and professionally to issues, questions and problems?
7. Professional											Show a business-like manner and a client centered approach?
8. Understandable											Give information and solutions in a clear and easy to follow manner?

Service											
Rate the following 1 - 5 where 5 = Best											
9. Timely											Deliver answers, requests and information when promised?
10. Quality											Render complete, thorough, accurate and professional service?
11. Proactive											Support me and act rather than react?
12. Accessible											Make it easy to reach us or the right person to assist you?
13. Cost effective											Give reasonable solutions which are not prohibitive in cost or time?
14. Comprehensive											Provide services which completely fulfill my requirements?
15. What is needed											Provide what I need?
16. What was requested											Give me what I asked for?

Overall, rate the functions below by circling the letter representing your perception where A = high and F = low.

Function	Quality is superior						Delivery is responsive						Staff is knowledgeable						Delivery is professional					
17. Electrical	A	B	C	D	E	F	A	B	C	D	E	F	A	B	C	D	E	F	A	B	C	D	E	F
18. Garden	A	B	C	D	E	F	A	B	C	D	E	F	A	B	C	D	E	F	A	B	C	D	E	F
19. Paint	A	B	C	D	E	F	A	B	C	D	E	F	A	B	C	D	E	F	A	B	C	D	E	F
20. Tools	A	B	C	D	E	F	A	B	C	D	E	F	A	B	C	D	E	F	A	B	C	D	E	F

Other	Comments
21. Needs	_____
22. Concerns	_____
23. Not providing	_____
24. Recommendations	_____
25. Additional suggestions	_____

Team Member 360 Degree Evaluation

Factor

Rating

Delivery

Rate each item by inserting 1 - 5 for your perception.

Does the Team Member:

Rate the following 1 - 5 where 5 = Best

- 1. Skilled
- 2. Decisive
- 3. Attentive
- 4. Courteous
- 5. Informative
- 6. Responsive
- 7. Professional
- 8. Understandable

- _____ Demonstrate knowledge, skills and ability to get the task done?
- _____ Act decisively and take action within limits of authority?
- _____ Keep up with happenings, activities and actions in my area?
- _____ Work with me in a polite and professional manner?
- _____ Identify our services, explain their use and highlight new ways to use them?
- _____ Respond quickly and professionally to issues, questions and problems?
- _____ Show a business-like manner and a client centered approach?
- _____ Give information and solutions in a clear and easy to follow manner?

Diagonal lines for name entry:

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Top Executive Evaluation

Factors	Rating Scale						Considerations
	Never	Rarely	Sometimes	Often	Mostly	Always	
	<u>Circle the rating which best represents your perception</u>						
Accessible	N	R	S	O	M	A	Is open to and accepts opportunity to meet and deal with employees
Business Development	N	R	S	O	M	A	Is effective in business development
Business Plan	N	R	S	O	M	A	Is able to develop business plan and attains objectives
Coaching	N	R	S	O	M	A	Coaches employees effectively
Communications	N	R	S	O	M	A	Oral and written communication is effective, relevant and valuable to work in progress
Complaints	N	R	S	O	M	A	Responds to and resolves complaints effectively
Consistency	N	R	S	O	M	A	Shows consistency in actions, plans and decisions
Decisions	N	R	S	O	M	A	Is decisive. Makes decisions easily and promptly
Delegation	N	R	S	O	M	A	Delegates effectively across all departments
Development	N	R	S	O	M	A	Is effective in developing staff
Evaluation	N	R	S	O	M	A	Effectively evaluates employees. Plans and implements employee backup strategies
Finances	N	R	S	O	M	A	Understands and effectively uses company financial analyses
Human Resources	N	R	S	O	M	A	Effectively uses human resource management skills
Knowhow	N	R	S	O	M	A	Applies a working knowledge of company products
Leadership	N	R	S	O	M	A	Leads by example and serves as a model for staff
Motivation	N	R	S	O	M	A	Effectively motivates employees to achieve goals
Organization	N	R	S	O	M	A	Plans in advance and is well organized
Quality	N	R	S	O	M	A	Knows, understands and practices quality management theory
Strategy	N	R	S	O	M	A	Plans strategically. Understands the "big picture" as well as each key component
Structure	N	R	S	O	M	A	Understands the role of each department and uses them effectively

Department Manager Evaluation

Circle the rating which best represents your perception for: (NAME) _____

Accountable	N	R	S	O	M	A	Builds trust by sharing information and admitting and accepting responsibility for mistakes
Advancement	N	R	S	O	M	A	Advises employees of opportunities and prospects for promotion or lateral assignments
Anticipative	N	R	S	O	M	A	Anticipates and responds to internal and external clients' needs
Coaching	N	R	S	O	M	A	Coaches employees in solving problems or making decisions
Communications	N	R	S	O	M	A	Communicates effectively orally and in writing
Consistency	N	R	S	O	M	A	Shows consistency in actions, plans and decisions
Constructive	N	R	S	O	M	A	Offers constructive criticism
Decisiveness	N	R	S	O	M	A	Makes timely, effective decisions
Delegation	N	R	S	O	M	A	Delegates or assigns projects that increase employees' job satisfaction or broaden skills
Human Resources	N	R	S	O	M	A	Effectively uses human resource management skills
Informative	N	R	S	O	M	A	Keeps employees informed of changes in policies and work procedures
Knowhow	N	R	S	O	M	A	Applies a working knowledge of company products
Leadership	N	R	S	O	M	A	Leads by example and serves as a model for staff
Motivation	N	R	S	O	M	A	Motivates employees
Openness	N	R	S	O	M	A	Seeks and acts on employees' suggestions and ideas
Organization	N	R	S	O	M	A	Is able to plan and is well organized
Personal	N	R	S	O	M	A	Demonstrates high potential for personal growth and advancement
Structure	N	R	S	O	M	A	Effectively uses organization to achieve goals
Teamwork	N	R	S	O	M	A	Promotes teamwork and communication
Worklife	N	R	S	O	M	A	Supports efforts to balance work and family life

Employee Evaluation

Management Personnel

Employee Name: _____	Date Evaluated: _____
Employee Title: _____	Last Evaluation Date: _____
Work Location: _____	Date Hired: _____
Department: _____	Date Began Job: _____
Supervisor: _____	Supervisor's Title: _____

Mark Evaluation Type:	New Hire	Promotion	Annual	Special
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General Considerations for Employee Evaluation

Employee evaluation is a way to effectively and openly review and discuss an employee's job performance. Routine and frequent feedback should be given to employees. This form is a tool to guide and record and share the evaluation with an employee. Careful thought and preparation should be used when completing the form. The evaluation is to be reviewed by the evaluator's superior before discussion with an employee. Employees should have ample time to read and understand this evaluation in preparation for the evaluation discussion. Employees should be fully aware of and understand the primary functions of their job, their supervisor's expectations and the standards set for performance.

In the first section entitled **General Performance** the evaluating supervisor is to critique the employee on the applicable factors listed and mark a rating in the appropriate box. A rating of "GOOD" represents an acceptable level of performance. Performance above or below the rating of "GOOD" should be marked appropriately in the boxes above or below this acceptable rating. A rating of "OUTSTANDING" is to be reserved for stellar performance. Factors may be weighted or prioritized by circling a suitable number in the weighting area.

Performance on Established Objectives is where the evaluator is to rate the employee on established objectives which were set for the current evaluation period. Evaluators are to fill in the objectives established for the period. Rate performance on each established objective by placing a mark in the appropriate rating box. As above, objectives may be weighted or prioritized by circling an appropriate number.

Future Objectives and Responsibilities are to be discussed between the evaluator and employee at the time of evaluation and noted in the space provided. These may be prioritized or weighted. There is no rating because these are future objectives. Note how "SMART" objectives are described.

The Overall Performance Rating is a summary rating made up of overall general performance and performance on established objectives. The evaluator is to mark the appropriate rating.

Advancement Potential is the section where the evaluator evaluates and marks the employee's readiness for transfer or promotion.

Job Development Needs includes space for the evaluator to record appropriate areas where the employee can improve. The evaluator is to note specific actions to aid the employee's performance improvement.

Employee Comments are welcome and are encouraged for an open discussion during evaluation. Employees should note their comments using additional paper as required.

Signatures and dates are required as indicated. Employees are to sign the completed evaluation. This signature indicates that the evaluation was discussed with the employee and is not an expression of agreement or disagreement unless so noted. The evaluator's signature is that of the person who completed the evaluation form. The approval signature is that of the superior to the evaluator who reviewed the evaluation prior to the evaluation discussion. The administrator signature is that of the person responsible for filing and maintaining employee evaluations.

Employee Evaluation

Management Personnel

General Performance

Primary Factors of Achievement & Potential for Advancement	<u>OUTSTANDING</u> <u>VERY GOOD</u> <u>GOOD</u> <u>MARGINAL</u> <u>FAILING</u>					Factor Weighting Circle 1 to 5 (5 = high)	Include relevant comments associated with factors to the left. Ratings of "OUTSTANDING" and "FAILING" require comments by evaluator.
	O	V	G	M	F		
Planning & Organization						1 2 3 4 5	Evaluator comment:
Direct/Develop Employees						1 2 3 4 5	Evaluator comment:
Operation & Cost Control						1 2 3 4 5	Evaluator comment:
Decisions & Judgment						1 2 3 4 5	Evaluator comment:
Responsibility Acceptance						1 2 3 4 5	Evaluator comment:
Independent & Self Thinking						1 2 3 4 5	Evaluator comment:
Oral & Written Communication						1 2 3 4 5	Evaluator comment:
Flexibility & Stability						1 2 3 4 5	Evaluator comment:
Job Knowhow						1 2 3 4 5	Evaluator comment:
Interpersonal Skills						1 2 3 4 5	Evaluator comment:

Employee Evaluation

Management Personnel

Performance on Established Objectives for Current Evaluation Period

Mark rating as above	O	V	G	M	F	Circle Weighting	Evaluator to insert objectives/responsibilities for current evaluation period
Established Objective and/or Responsibility						1 2 3 4 5	Present objective/responsibility:
Established Objective and/or Responsibility						1 2 3 4 5	Present objective/responsibility:
Established Objective and/or Responsibility						1 2 3 4 5	Present objective/responsibility:
Established Objective and/or Responsibility						1 2 3 4 5	Present objective/responsibility:
Established Objective and/or Responsibility						1 2 3 4 5	Present objective/responsibility:

Future Objectives and Responsibilities for Next Evaluation Period

(Set "SMART" objectives which support the organization and which are Simple, Measurable, Attainable, Reasonable & Time-bound)

Established Objective and/or Responsibility						1 2 3 4 5	Next evaluation objective/responsibility:
Established Objective and/or Responsibility						1 2 3 4 5	Next evaluation objective/responsibility:
Established Objective and/or Responsibility						1 2 3 4 5	Next evaluation objective/responsibility:
Established Objective and/or Responsibility						1 2 3 4 5	Next evaluation objective/responsibility::

Employee Evaluation

Management Personnel

Established Objective and/or Responsibility		1 2 3 4 5	Next evaluation objective/responsibility:
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Employee Evaluation

Management Personnel

Overall Performance

(Mark one rating to represent overall performance and objective achievement.)

Outstanding	Very Good	Good	Marginal	Failing
-------------	-----------	------	----------	---------

Advancement Potential

(Mark one rating indicating readiness for transfer or promotion.)

1	2	3	4	5
Can advance 2 or 3 levels above current level and across functions in 1 to 3 years	Can advance to next level above current level and across functions within 1 to 2 years	Competent at current level and can move across functions within 6 to 12 months	Successful at current level and in current function only	Progressed beyond level of competence in current functional field

Job Development Needs

(Write in the area for improvement and note actions to aid improvement.)

Improvement Area	Improvement Aid

Employee Comments

Signatures

Employee: (Employee's signature affirms the evaluation was discussed and is not an expression of agreement or acceptance.)	Date:
Evaluator:	Date:
Approval:	Date:
Administrator:	Date:

Employee Evaluation

Management Personnel

Evaluación de Empleado

Personal Exento

Nombre Empleado: _____	Fecha de Evaluación: _____
Posición de Empleado: _____	Fecha de Última Evaluación: _____
Sitio de Trabajo: _____	Fecha Contratado: _____
Sección: _____	Fecha Comienzo de Empleo: _____
Supervisor: _____	Posición de Supervisor: _____

Indique Tipo de Evaluación:

Empleado Nuevo

Promoción

Anual

Especial

Consideraciones Generales para Evaluar al Empleado

La evaluación del empleado es una manera de repasar el desempeño del personal de manera eficaz y abierta. Los empleados deben recibir reacciones a su labor de manera frecuente y rutinaria. Esta planilla es una herramienta para guiar y anotar y compartir la evaluación con el empleado. Se debe prestar consideración atenta y profunda. La evaluación debe ser repasada por el supervisor del evaluador antes de discutirla con el empleado. Los empleados deben de tener tiempo amplio para leer y entender esta evaluación en preparación para la discusión de la evaluación. Los empleados deben de estar concientes de y entender las funciones principales de su trabajo, las expectativas de su supervisor, y las normas exigidas para el mayor rendimiento.

En la primera sección titulada **Desempeño General** el supervisor evaluador debe analizar al empleado utilizando la escala de evaluación e indicar la casilla apropiada. Un grado de "SATISFACTORIO" representa un nivel aceptable de desempeño. Un rendimiento mayor y menor del grado de "SATISFACTORIO" debe ser indicado apropiadamente en las casillas mayores o menores de este grado aceptable. Un grado de "EXCEPCIONAL" se debe reservar para desempeño realmente extraordinario. Las escalas pueden recibir prioridad al hacer un círculo al número adecuado el área de énfasis.

Desempeño de Objetivos Establecidos es donde el evaluador ha de calificar al empleado sobre los objetivos establecidos que fueron puestos para el periodo de evaluación corriente. Los evaluadores han de llenar los objetivos establecidos para el periodo. Califique el desempeño de cada objetivo establecido y coloque una marca en la casilla de grado apropiada. Tal como lo ha hecho en la sección anterior, las escalas pueden recibir prioridad al hacer un círculo al número adecuado el área de énfasis.

Objetivos y Responsabilidades Futuras han de ser discutidos entre el evaluador y el empleado al momento de la evaluación y anotados en el espacio proveído. Estos pueden ser puestos en orden de prioridad o énfasis. No hay grado ya que son objetivos futuros.

Grado de Desempeño General es un grado resumido compuesto por desempeño general y desempeño de objetivos establecidos. El evaluador ha de indicar el grado apropiado.

Potencial para Ascender es la sección donde el evaluador evalúa e indica la preparación del empleado para ser transferido o para un ascenso de posición.

Necesidades para el Desarrollo del Trabajo incluye espacio para que el evaluador indique áreas donde el empleado puede mejorar. El evaluador ha de anotar acciones específicas para asistir al mejoramiento del desempeño del empleado.

Comentarios del Empleado son bienvenidos y sirven para animar una discusión abierta durante la evaluación. Los empleados deben anotar sus comentarios utilizando otra planilla si es necesario.

Firmas y fechas son requeridas tal como se indica. Los empleados deben de firmar la evaluación completada. Esta firma indica que se discutió la evaluación con el empleado y no es una expresión de acuerdo y desacuerdo a no ser que esto se indique. La firma del evaluador es la de la persona quien completó la evaluación. La firma de aprobación es la del supervisor del evaluador quien repasó la evaluación antes de la discusión sobre el mismo. La firma del administrador es la del la persona responsable por llenar y mantener las evaluaciones de los empleados.

Evaluación de Empleado

Personal Exento

Desempeño General

Elementos Principales de Logro & Potencial para Ascender	EXEPCIONAL					Énfasis de Función Indique 1 al 5 (5 = alto)	Incluya comentarios relevantes asociados con los elementos a la izquierda. Grados de "EXCEPCIONAL" e "INSATISFACTORIO" requieren comentarios por el evaluador.
	E	M	S	M	I		
Planificación y Organización						1 2 3 4 5	Comentarios del Evaluador:
Dirigir y Desarrollar Empleos						1 2 3 4 5	Comentarios del Evaluador:
Operaciones y Manejo de Gastos						1 2 3 4 5	Comentarios del Evaluador:
Decisiones y Juicio						1 2 3 4 5	Comentarios del Evaluador:
Asumir Responsabilidad						1 2 3 4 5	Comentarios del Evaluador:
Independiente y Auto-dirección						1 2 3 4 5	Comentarios del Evaluador:
Comunicación Oral y Por Escrito						1 2 3 4 5	Comentarios del Evaluador:
Flexibilidad y Estabilidad						1 2 3 4 5	Comentarios del Evaluador:

Evaluación de Empleado

Personal Exento

Conocimiento de Empleo						1 2 3 4 5	Comentarios del Evaluador:
Habilidades Intra-personales						1 2 3 4 5	Comentarios del Evaluador:

Desempeño de Objetivos Establecidos Para el Período Corriente de Evaluación

Indique grado como anteriormente	E	M	S	M	I	Indique Énfasis	El evaluador debe introducir objetivos/responsabilidades para el período de evaluación corriente
Objetivo y/o Responsabilidad Establecida						1 2 3 4 5	Objetivo y/o Responsabilidad Corriente:
Objetivo y/o Responsabilidad Establecida						1 2 3 4 5	Objetivo y/o Responsabilidad Corriente:
Objetivo y/o Responsabilidad Establecida						1 2 3 4 5	Objetivo y/o Responsabilidad Corriente:
Objetivo y/o Responsabilidad Establecida						1 2 3 4 5	Objetivo y/o Responsabilidad Corriente:
Objetivo y/o Responsabilidad Establecida						1 2 3 4 5	Objetivo y/o Responsabilidad Corriente:

Objetivos y Responsabilidades para el Próximo Período de Evaluación

(Establezca objetivos que apoyen la organización y sean Sencillos, Mensurables, Alcanzables, Razonables & Delimitados)

Objetivo y/o Responsabilidad Establecida						1 2 3 4 5	Objetivo/responsabilidad para la próxima evaluación:
Objetivo y/o Responsabilidad Establecida						1 2 3 4 5	Objetivo/responsabilidad para la próxima evaluación:

Evaluación de Empleado

Personal Exento

Objetivo y/o Responsabilidad Establecida		1 2 3 4 5	Objetivo/responsabilidad para la próxima evaluación:
Objetivo y/o Responsabilidad Establecida		1 2 3 4 5	Objetivo/responsabilidad para la próxima evaluación:
Objetivo y/o Responsabilidad Establecida		1 2 3 4 5	Objetivo/responsabilidad para la próxima evaluación:

Evaluación de Empleado

Personal Exento

Desempeño General

(Indique un grado para representar el desempeño general y el logro del objetivo.)

Excepcional	Muy Bien	Satisfactorio	Marginal	Insatisfactorio
-------------	----------	---------------	----------	-----------------

Potencial para Ascender

(Indique un grado para representar la preparación par ser trasferido o recibir un asenso.)

1	2	3	4	5
Puede avanzar 2 o 3 niveles sobre nivel actual y atravesar funciones en 1 a 3 años	Pude avanzar al próximo nivel sobre el actual y atravesar funciones dentro de 1 a 2 años	Competente en el nivel corriente y puede trasladar funciones dentro de 6 a 12 meses	Acertado en el nivel actual y en la función actual solamente	Progresado más allá del nivel de la capacidad en campo funcional actual

Necesidades Para el Desarrollo del Trabajo

(Indique áreas donde el empleado puede mejorar y anote acciones específicas para asistir al mejoramiento.)

área para Mejorar	Asistencia para Mejorar

Comentarios de Empleado

Firmas

Empleado: (La firma del empleado afirma que se discutió la evaluación y no es expresión de acuerdo o aceptación.)	Fecha:	
Evaluador:	Fecha:	
Aprobación:	Fecha:	
Administrador:	Fecha:	

Employee Evaluation

Non- Management Personnel

Employee Name: _____	Date Evaluated: _____
Employee Title: _____	Last Evaluation Date: _____
Work Location: _____	Date Hired: _____
Department: _____	Date Began Job: _____
Supervisor: _____	Supervisor's Title: _____

Mark Evaluation Type:	New Hire	Promotion	Annual	Special
-----------------------	----------	-----------	--------	---------

General Considerations for Employee Evaluation

Employee evaluation is a way to effectively and openly review and discuss an employee's job performance. Routine and frequent feedback should be given to employees. This form is a tool to guide and record and share the evaluation with an employee. Careful thought and preparation should be used when completing the form. The evaluation is to be reviewed by the evaluator's superior before discussion with an employee. Employees should have ample time to read and understand this evaluation in preparation for the evaluation discussion. Employees should be fully aware of and understand the primary functions of their job, their supervisor's expectations and the standards set for performance.

In the first section entitled **General Performance** the evaluating supervisor is to critique the employee on the applicable factors listed and mark a rating in the appropriate box. A rating of "GOOD" represents an acceptable level of performance. Performance above or below the rating of "GOOD" should be marked appropriately in the boxes above or below this acceptable rating. A rating of "OUTSTANDING" is to be reserved for stellar performance. Factors may be weighted or prioritized by circling a suitable number in the weighting area.

Performance on Established Objectives is where the evaluator is to rate the employee on established objectives which were set for the current evaluation period. Evaluators are to fill in the objectives established for the period. Rate performance on each established objective by placing a mark in the appropriate rating box. As above, objectives may be weighted or prioritized by circling an appropriate number.

Future Objectives and Responsibilities are to be discussed between the evaluator and employee at the time of evaluation and noted in the space provided. These may be prioritized or weighted. There is no rating because these are future objectives. Note how "SMART" objectives are described.

The Overall Performance Rating is a summary rating made up of overall general performance and performance on established objectives. The evaluator is to mark the appropriate rating.

Advancement Potential is the section where the evaluator evaluates and marks the employee's readiness for transfer or promotion.

Job Development Needs includes space for the evaluator to record appropriate areas where the employee can improve. The evaluator is to note specific actions to aid the employee's performance improvement.

Employee Comments are welcome and are encouraged for an open discussion during evaluation. Employees should note their comments using additional paper as required.

Signatures and dates are required as indicated. Employees are to sign the completed evaluation. This signature indicates that the evaluation was discussed with the employee and is not an expression of agreement or disagreement unless so noted. The evaluator's signature is that of the person who completed the evaluation form. The approval signature is that of the superior to the evaluator who reviewed the evaluation prior to the evaluation discussion. The administrator signature is that of the person responsible for filing and maintaining employee evaluations.

Employee Evaluation

Non- Management Personnel

General Performance

Primary Factors of Achievement & Potential for Advancement	<u>OUTSTANDING</u> <u>VERY GOOD</u> <u>GOOD</u> <u>MARGINAL</u> <u>FAILING</u>					Factor Weighting Circle 1 to 5 (5 = high)	Include relevant comments associated with factors to the left. Ratings of "OUTSTANDING" and "FAILING" require comments by evaluator.
	O	V	G	M	F		
Attendance At Work						1 2 3 4 5	Evaluator comment:
Cooperation With Others						1 2 3 4 5	Evaluator comment:
Initiative At Work						1 2 3 4 5	Evaluator comment:
Job Safety						1 2 3 4 5	Evaluator comment:
Work Quality						1 2 3 4 5	Evaluator comment:
Work Quantity						1 2 3 4 5	Evaluator comment:
Work Versatility						1 2 3 4 5	Evaluator comment:
Work Dependability						1 2 3 4 5	Evaluator comment:
Work Setup Planning						1 2 3 4 5	Evaluator comment:

Employee Evaluation

Non- Management Personnel

Work Skills Proficiency						1 2 3 4 5	Evaluator comment:
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Employee Evaluation

Non- Management Personnel

Performance on Established Objectives for Current Evaluation Period

Mark rating as above	O	V	G	M	F	Circle Weighting	Evaluator to insert objectives/responsibilities for current evaluation period
Established Objective and/or Responsibility						1 2 3 4 5	Present objective/responsibility:
Established Objective and/or Responsibility						1 2 3 4 5	Present objective/responsibility:
Established Objective and/or Responsibility						1 2 3 4 5	Present objective/responsibility:
Established Objective and/or Responsibility						1 2 3 4 5	Present objective/responsibility:
Established Objective and/or Responsibility						1 2 3 4 5	Present objective/responsibility:

Future Objectives and Responsibilities for Next Evaluation Period

(Set "SMART" objectives which support the organization and which are Simple, Measurable, Attainable, Reasonable & Time-bound)

Established Objective and/or Responsibility		1 2 3 4 5	Next evaluation objective/responsibility:
Established Objective and/or Responsibility		1 2 3 4 5	Next evaluation objective/responsibility:
Established Objective and/or Responsibility		1 2 3 4 5	Next evaluation objective/responsibility:
Established Objective and/or Responsibility		1 2 3 4 5	Next evaluation objective/responsibility::
Established Objective and/or Responsibility		1 2 3 4 5	Next evaluation objective/responsibility:

Employee Evaluation

Non- Management Personnel

Overall Performance

(Mark one rating to represent overall performance and objective achievement.)

Outstanding	Very Good	Good	Marginal	Failing
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Advancement Potential

(Mark one rating indicating readiness for transfer or promotion.)

1	2	3	4	5
Can advance 2 or 3 levels above current level and across functions in 1 to 3 years	Can advance to next level above current level and across functions within 1 to 2 years	Competent at current level and can move across functions within 6 to 12 months	Successful at current level and in current function only	Progressed beyond level of competence in current functional field

Job Development Needs

(Write in the area for improvement and note actions to aid improvement.)

Improvement Area	Improvement Aid

Employee Comments

Signatures

Employee: (Employee's signature affirms the evaluation was discussed and is not an expression of agreement or acceptance.)	Date:	
Evaluator:	Date:	
Approval:	Date:	
Administrator:	Date:	

Employee Evaluation

Non- Management Personnel

Evaluación de Empleado

Personal No Exento

Nombre Empleado: _____	Fecha de Evaluación: _____
Posición de Empleado: _____	Fecha de Última Evaluación: _____
Sitio de Trabajo: _____	Fecha Contratado: _____
Sección: _____	Fecha Comienzo de Empleo: _____
Supervisor: _____	Posición de Supervisor: _____

Indique Tipo de Evaluación:

Empleado Nuevo

Promoción

Anual

Especial

Consideraciones Generales para Evaluar al Empleado

La evaluación del empleado es una manera de repasar el desempeño del personal de manera eficaz y abierta. Los empleados deben recibir reacciones a su labor de manera frecuente y rutinaria. Esta planilla es una herramienta para guiar y anotar y compartir la evaluación con el empleado. Se debe prestar consideración atenta y profunda. La evaluación debe ser repasada por el supervisor del evaluador antes de discutirla con el empleado. Los empleados deben de tener tiempo amplio para leer y entender esta evaluación en preparación para la discusión de la evaluación. Los empleados deben de estar concientes de y entender las funciones principales de su trabajo, las expectativas de su supervisor, y las normas exigidas para el mayor rendimiento.

En la primera sección titulada **Desempeño General** el supervisor evaluador debe analizar al empleado utilizando la escala de evaluación e indicar la casilla apropiada. Un grado de "SATISFACTORIO" representa un nivel aceptable de desempeño. Un rendimiento mayor y menor del grado de "SATISFACTORIO" debe ser indicado apropiadamente en las casillas mayores o menores de este grado aceptable. Un grado de "EXCEPCIONAL" se debe reservar para desempeño realmente extraordinario. Las escalas pueden recibir prioridad al hacer un círculo al número adecuado el área de énfasis.

Desempeño de Objetivos Establecidos es donde el evaluador ha de calificar al empleado sobre los objetivos establecidos que fueron puestos para el periodo de evaluación corriente. Los evaluadores han de llenar los objetivos establecidos para el periodo. Califique el desempeño de cada objetivo establecido y coloque una marca en la casilla de grado apropiada. Tal como lo ha hecho en la sección anterior, las escalas pueden recibir prioridad al hacer un círculo al número adecuado el área de énfasis.

Objetivos y Responsabilidades Futuras han de ser discutidos entre el evaluador y el empleado al momento de la evaluación y anotados en el espacio proveído. Estos pueden ser puestos en orden de prioridad o énfasis. No hay grado ya que son objetivos futuros.

Grado de Desempeño General es un grado resumido compuesto por desempeño general y desempeño de objetivos establecidos. El evaluador ha de indicar el grado apropiado.

Potencial para Ascender es la sección donde el evaluador evalúa e indica la preparación del empleado para ser transferido o para un ascenso de posición.

Necesidades para el Desarrollo del Trabajo incluye espacio para que el evaluador indique áreas donde el empleado puede mejorar. El evaluador ha de anotar acciones específicas para asistir al mejoramiento del desempeño del empleado.

Comentarios del Empleado son bienvenidos y sirven para animar una discusión abierta durante la evaluación. Los empleados deben anotar sus comentarios utilizando otra planilla si es necesario.

Firmas y fechas son requeridas tal como se indica. Los empleados deben de firmar la evaluación completada. Esta firma indica que se discutió la evaluación con el empleado y no es una expresión de acuerdo y desacuerdo a no ser que esto se indique. La firma del evaluador es la de la persona quien completó la evaluación. La firma de aprobación es la del supervisor del evaluador quien repasó la evaluación antes de la discusión sobre el mismo. La firma del administrador es la del la persona responsable por llenar y mantener las evaluaciones de los empleados.

Evaluación de Empleado

Personal No Exento Desempeño General

Elementos Principales de Logro & Potencial para Ascender	EXEPCIONAL					Énfasis de Función Indique 1 al 5 (5 = alto)	Incluya comentarios relevantes asociados con los elementos a la izquierda. Grados de "EXCEPCIONAL" e "INSATISFACTORIO" requieren comentarios por el evaluador.
	E	M	S	M	I		
Asistencia Al Trabajo						1 2 3 4 5	Comentarios del Evaluador:
Colaboración con los Demás						1 2 3 4 5	Comentarios del Evaluador:
Iniciativa en el Trabajo						1 2 3 4 5	Comentarios del Evaluador:
Seguridad del Trabajo						1 2 3 4 5	Comentarios del Evaluador:
Calidad de Trabajo						1 2 3 4 5	Comentarios del Evaluador:
Cantidad de Trabajo						1 2 3 4 5	Comentarios del Evaluador:
Versatilidad Del Trabajo						1 2 3 4 5	Comentarios del Evaluador:
Fiable en el Trabajo						1 2 3 4 5	Comentarios del Evaluador:
Organización de Trabajo						1 2 3 4 5	Comentarios del Evaluador:
Habilidades de Competencia en el Trabajo						1 2 3 4 5	Comentarios del Evaluador:

Evaluación de Empleado

Personal No Exento

Desempeño de Objetivos Establecidos Para el Período Corriente de Evaluación

Indique grado como anteriormente	E	M	S	M	I	Indique Énfasis	El evaluador debe introducir objetivos/responsabilidades para el período de evaluación corriente
Objetivo y/o Responsabilidad Establecida						1 2 3 4 5	Objetivo y/o Responsabilidad Corriente:
Objetivo y/o Responsabilidad Establecida						1 2 3 4 5	Objetivo y/o Responsabilidad Corriente:
Objetivo y/o Responsabilidad Establecida						1 2 3 4 5	Objetivo y/o Responsabilidad Corriente:
Objetivo y/o Responsabilidad Establecida						1 2 3 4 5	Objetivo y/o Responsabilidad Corriente:
Objetivo y/o Responsabilidad Establecida						1 2 3 4 5	Objetivo y/o Responsabilidad Corriente:

Objetivos y Responsabilidades para el Próxima Período de Evaluación

(Establezca objetivos que apoyen la organización y sean Sencillos, Mensurables, Alcanzables, Razonables & Delimitados)

Objetivo y/o Responsabilidad Establecida						1 2 3 4 5	Objetivo/responsabilidad para la próxima evaluación:
Objetivo y/o Responsabilidad Establecida						1 2 3 4 5	Objetivo/responsabilidad para la próxima evaluación:
Objetivo y/o Responsabilidad Establecida						1 2 3 4 5	Objetivo/responsabilidad para la próxima evaluación:
Objetivo y/o Responsabilidad Establecida						1 2 3 4 5	Objetivo/responsabilidad para la próxima evaluación:
Objetivo y/o Responsabilidad Establecida						1 2 3 4 5	Objetivo/responsabilidad para la próxima evaluación:

Evaluación de Empleado

Personal No Exento

Desempeño General

(Indique un grado para representar el desempeño general y el logro del objetivo.)

Excepcional

Muy Bien

Satisfactorio

Marginal

Insatisfactorio

Potencial para Ascender

(Indique un grado para representar la preparación par ser trasferido o recibir un asenso.)

1

2

3

4

5

Puede avanzar 2 o 3 niveles sobre nivel actual y atravesar funciones en 1 a 3 años

Puede avanzar al próximo nivel sobre el actual y atravesar funciones dentro de 1 a 2 años

Competente en el nivel corriente y puede trasladar funciones dentro de 6 a 12 meses

Acertado en el nivel actual y en la función actual solamente

Progresado más allá del nivel de la capacidad en campo funcional actual

Necesidades Para el Desarrollo del Trabajo

(Indique áreas donde el empleado puede mejorar y anote acciones específicas para asistir al mejoramiento.)

área para Mejorar

Asistencia para Mejorar

Comentarios de Empleado

Firmas

Empleado:

Fecha:

(La firma del empleado afirma que se discutió la evaluación y no es expresión de acuerdo o aceptación.)

Evaluador:

Fecha:

Aprobación:

Fecha:

Administrador:

Fecha:

Employee Benefits Interest Inventory

Organization _____

Employee Benefits Interest Inventory

The Employee Benefits Interest Inventory is designed to assist in determining what employee benefits may be appropriate for use at employer worksites. It is made up of typical benefits which may or may not be offered to employees. A simple weighting method enables users to make more objective decisions for benefits use and priority.

Employers, human resource professionals, employees or others can complete the form for single or multiple location analysis. Inventory booklets may be completed locally, via electronic communications means, remotely with an administrator or otherwise.

Inventories can be completed at any time in benefits plan timeframes as an evaluation, planning tool or guide for benefits communications.

Instructions

1. Fill in the organization name above.
2. Rate all items. Highlight "-0-" if the item is of no interest.
3. Highlight a "1", "2", "3", or "4" to rate interest, 4 = high rating.
4. Consider items rated "3" or "4" for implementation now or in the future.
5. Discuss the results with your human resource professional to consider next steps.

Date: _____

Source: PHRST & Company, Inc.

Evaluator: _____

Employee Benefits Interest Inventory

Line	Factor	Detail
1	Holidays	<u>Celebrate:</u>
2	>	New Year's Eve
3	>	New Year's Day
4	>	Martin Luther King Day
5	>	President's Day
6	>	Good Friday
7	>	Memorial Day
8	>	Independence Day
9	>	Labor Day
10	>	Columbus Day
11	>	Veterans Day
12	>	Thanks Giving Day
13	>	Day After Thanksgiving
14	>	Christmas Eve
15	>	Christmas Day
16	>	Floating
17	Holiday premium for holiday worked	<u>Factor:</u>
18	>	1.0 x pay
19	>	1.5 x pay
20	>	2.0 x pay
21	>	2.5 x pay
22	>	3.0 x pay
23	Combined time off	<u>Reasons:</u>
24	>	Sick
25	>	Personal
26	>	Vacation
27	>	Doctor Appt.
28	>	Bereavement
29	Time off carry-over to next year	
30	Time off carry-over to next year limit	
31	Vacation earned	<u>Entitlement at:</u>
32	>	1/2 year
33	>	1 year
34	>	3 year
35	>	5 year
36	>	10 year
37	>	15 year
38	>	20 year
39	Require all vacation taken in earned year	
40	Pay in lieu of vacation	
41	Pay accrued vacation at termination	
42	Require portion of vacation taken in earned year	
43	Permit vacation carry-over	
44	Limit amount of vacation carry-over	
45	# Days absenteeism is considered excessive at	<u>Days per year:</u>
46	>	5 days per year
47	>	6 days per year
48	>	10 days per year
49	>	12 days per year
50	>	15 days per year
51	Waiting time for sick time entitlement	
52	Sick time conversion	<u>Method:</u>
53	>	Cash
54	>	Retirement
55	>	Vacation
56	>	Other

Employee Benefits Interest Inventory

Line	Factor	Detail
57	Bereavement pay	Allowed:
58	>	1 day
59	>	2 days
60	>	3 days
61	>	5 days
62	Annual fixed shutdown period	
63	Pay during shutdown period	
64	Military service pay	
65	Maximum number of days may be paid per year	
66	Jury duty time off with pay	
67	Personal leave of absence	
68	Continue medical coverage during absence	
69	Sabbatical	
70	Medical leave other than FMLA	
71	Short Term Disability Plan	
72	Short Term Disability Plan paid by organization	
73	Short Term Disability Plan paid by employee	
74	Long Term Disability Plan	
75	Long Term Disability Plan paid by organization	
76	Long Term Disability Plan paid by employee	
77	Group Life Insurance	
78	Group Life Insurance paid by organization	
79	Group Life Insurance paid by employee	
80	Accidental Death & Dismemberment insurance	
81	Business Travel Accident Insurance	
82	Dental plan	
83	Dental plan paid by employee	
84	Dental plan paid by organization	
85	Dental Plan integrated with medical plan	
86	Vision plan	
87	Vision Plan integrated with medical plan	
88	Medical coverage	
89	Medical coverage plan	Type:
90	>	Comprehensive
91	>	hospital/surgical/ major medical
92	>	Indemnity plan
93	>	Health maintenance organization
94	>	Preferred Provider Plan
95	>	Point of Service Plan
96	Well baby coverage	
97	Mental & nervous condition coverage	
98	Chiropractic coverage	
99	Convalescent home coverage	
100	Hospices coverage	
101	Retirement income and savings plan	
102	Retirement income and savings plan alternatives	Plans:
103	>	Defined benefit
104	>	Money purchase
105	>	Deferred profit-sharing
106	>	After-tax thrift
107	>	Deferred income
108	>	401(k)
109	>	Cash balance
110	>	Other

Employee Benefits Interest Inventory

Line	Factor	Detail
111	Less than 40 hour workweek	
112	Less than 8 hour workday	
113	Flexible start & finish times	
114	Shift premium	
115	Lead premium (paid to employee leading others)	
116	Exempt employee overtime	
117	Payment with reduction in force	
118	Cash profit sharing	
119	Merit increase program	
120	Across-the-board pay increase program	
121	Written job descriptions	
122	Established pay ranges	
123	In-house medical services	
124	Education reimbursement	
125	Transferred employee relocation reimbursement	
126	New employee relocation reimbursement	
127	Stock purchase plan	
128	Flexible spending accounts	
129	Telecommuting (part/all time worked from home)	
130	Pre-employment physicals	
131	Drug testing	
132	On-call pay	
133	Food services on premises	
134	Service awards	
135	Credit unions	
136	Automobiles for employee use	
137	Employee benefits statements	
138	Payroll deductions	
139	Job sharing	
140	Self insured plans	Forms:
141	>	Workers' compensation
142	>	Medical
143	>	Dental
144	>	Short term disability
145	>	Long term disability
146	>	Life insurance
147	>	Other
148	Part-time employee benefits	
149	Training-Development-Education opportunity	
	<i>Insert Additional Items In The Space Below</i>	
150	Other:	
151	Other:	
152	Other:	
153	Other:	
154	Other:	
155	Other:	
156	Other:	
157	Other:	
158	Other:	
159	Other:	
160	Other:	
161	Other:	
162	Other:	
163	Other:	
164	Other:	
165	Other:	

Sample Employee Opinion Survey

Thank you for participating in this opinion survey. Your input is important. Individual responses are confidential. Responses will be grouped so no individual is identified. Please use pen or pencil. Respond to each item by marking your selection number in the space to the right of the item. Fold and return this sheet.

1 - Strongly Disagree
2 - Disagree
3 - Neutral
4 - Agree
5 - Agree Strongly

Response Items		Low → High				
1	Promotions are based on merit.	1	2	3	4	5
2	My position meets my present goals and plans.	1	2	3	4	5
3	I often come into contact with management.	1	2	3	4	5
4	Management is fair and has a good sense of judgment.	1	2	3	4	5
5	I am recognized and appreciated for what I do.	1	2	3	4	5
6	My supervisor is cooperative.	1	2	3	4	5
7	In my position I can gain knowledge and learn new skills.	1	2	3	4	5
8	I feel the company values me.	1	2	3	4	5
9	The company is stable.	1	2	3	4	5
10	Retirement provisions are satisfactory.	1	2	3	4	5
11	Co-workers work well together and do a good job.	1	2	3	4	5
12	The company has pride in its products and itself.	1	2	3	4	5
13	I have had enough training and preparation for my position.	1	2	3	4	5
14	My position will continue for a long time.	1	2	3	4	5
15	I am evaluated properly.	1	2	3	4	5
16	The safety conditions are satisfactory.	1	2	3	4	5
17	The promotion policies are satisfactory.	1	2	3	4	5
18	My earnings are fair and equitable.	1	2	3	4	5
19	I like the way I am supervised.	1	2	3	4	5
20	I have freedom to plan and do my position myself.	1	2	3	4	5
21	The company is interested in the individual employee.	1	2	3	4	5
22	Instructions and orders are communicated.	1	2	3	4	5
23	I am told how I am doing in my work.	1	2	3	4	5
24	I have competent co-workers.	1	2	3	4	5
25	My pay is right for what I do.	1	2	3	4	5
26	The hours of work are satisfactory.	1	2	3	4	5
27	Our system for suggestions is satisfactory.	1	2	3	4	5
28	Company policies and procedures are satisfactory.	1	2	3	4	5
29	I am involved in decision making.	1	2	3	4	5
30	Company training programs are satisfactory.	1	2	3	4	5
31	I am informed on personnel policies and procedures.	1	2	3	4	5
32	I am satisfied with my pay and earnings.	1	2	3	4	5
33	I feel secure in my position.	1	2	3	4	5
34	Employee benefits are satisfactory.	1	2	3	4	5
35	Promotions are based on seniority.	1	2	3	4	5
36	There is tension and pressure in my work.	1	2	3	4	5
37	I am given information on my work status.	1	2	3	4	5
38	My workplace is clean and orderly.	1	2	3	4	5
39	The company meets its objectives.	1	2	3	4	5
40	Emergency provisions are satisfactory.	1	2	3	4	5
41	I have the chance to move up from my position.	1	2	3	4	5
42	I am told of new developments.	1	2	3	4	5
43	Inter- and intradepartmental relations are satisfactory.	1	2	3	4	5
44	My supervisor is available to assist me.	1	2	3	4	5
45	Equipment and supplies are proper and in good condition.	1	2	3	4	5
46	My supervisor uses employee criticism and discipline properly.	1	2	3	4	5
47	My position is challenging.	1	2	3	4	5
48	My raises come often enough.	1	2	3	4	5
49	Co-workers make up a well-balanced team.	1	2	3	4	5
50	The company attitude for employees is satisfactory.	1	2	3	4	5

Demographics

51	Gender	Male	Female		
52	Months working at HSVB	0-6	6-12	12-24	24-48 48+
53	Miles from work	0-1	1-3	3-5	5-10 10+
54	Department	1 ____	2 ____	3 ____	4 ____
		5 ____	6 ____	7 ____	8 ____

Cost of Turnover Estimate Tools

For a quick estimate of potential turnover cost use the table below		
A "quick and crisp" estimate of potential turnover costs for up to manager level is 1.5 times the employee <u>total pay</u>	A "quick and crisp" estimate of potential turnover costs for selected manager level jobs and above manager level is 2.5 times the employee <u>total pay</u>	
Check the impact on your company. Insert your employee's total annual pay in the cell below and note the effect below.		
<u>Quick estimate of potential turnover cost at your company</u>		
Annual pay for employee below manager	= Total pay \$28,500	\$42,750
Annual pay for employee above manager	= Total pay \$75,000	\$187,500

For a more detailed estimate of Below Manager potential turnover cost use the calculator below.	
1. In the gold color cell of line A1 insert your employee's base annual pay (here do not include benefits, overtime, bonus, etc).	
2. In the gold cell of line A4 insert how many employees at this pay for whom you want to calculate the turnover cost	
3. In the gold cell of line A5 use the typical 3 month learning period, or insert your estimate, e.g. 6	
4. For additional indirect costs impacting turnover cost, insert your actual cost in the appropriate column D cell or accept the calculator estimate reading from the cell in column G. Your cost may be \$0.00 for an item	
5. Place your cursor on the red comment symbol in the cells in column G to see how the estimate is made	
6. As always with the factors affecting human resource management metrics and actions, note this is only an estimate	

Ln	Direct Turnover Cost Example	Calculation or estimate for below manager level		
A1	Annual pay \$28,500			
A2	Benefits cost \$11,400		Add actual or estimate % of base pay =	40.0%
A3	Employee cost \$39,900			
A4	# of voluntary quits in year 1			
A5	# months until fully productive 3			
A6	Per person turnover cost \$4,988		Add actual or estimate % productivity during learning period =	50.0%
A7	Direct turnover cost \$4,988			
A8				
A9	<u>Additional Indirect Turnover Cost Example</u>			
A10	Separation cost		Percent estimate	Dollar estimate
A11	Accrued vacation \$570	Add actual or estimate % base pay =	2.0%	\$570
A12	Continued benefits \$1,140	Add actual or estimate % base pay =	4.0%	\$1,140
A13	Exit interview time \$29	Add actual or estimate % base pay =	0.1%	\$29
A14	Staff/supervisor time & salary to avoid quit \$285	Add actual or estimate % base pay =	1.0%	\$285
A15	Termination issues legal/other cost \$570	Add actual or estimate % base pay =	2.0%	\$570
A16	Unemployment expense \$855	Add actual or estimate % base pay =	3.0%	\$855
A17	Replacement cost			
A18	Applicant search cost \$285	Add actual or estimate % base pay =	1.0%	\$285
A19	Employee referral fee \$114	Add actual or estimate % base pay =	0.4%	\$114
A20	Employment testing cost \$86	Add actual or estimate % base pay =	0.3%	\$86
A21	Pre-employment medical cost \$57	Add actual or estimate % base pay =	0.2%	\$57
A22	Recruiting & advertising cost \$1,568	Add actual or estimate % base pay =	5.5%	\$1,568
A23	Reference checking cost \$57	Add actual or estimate % base pay =	0.2%	\$57
A24	Relocation & moving costs \$998	Add actual or estimate % base pay =	3.5%	\$998
A25	Staff & interviewer time & salary \$570	Add actual or estimate % base pay =	2.0%	\$570
A26	Supervisor & manager time & salary \$285	Add actual or estimate % base pay =	1.0%	\$285
A27	Training cost			
A28	Co-worker coaching & assist time & salary \$114	Add actual or estimate % base pay =	0.4%	\$114
A29	Paid orientation time \$228	Add actual or estimate % base pay =	0.8%	\$228
A30	Supervisor & manager training time cost \$228	Add actual or estimate % base pay =	0.8%	\$228
A31	Training materials cost \$239	Add actual or estimate % base pay =	0.8%	\$239
A32	Training time & salaries \$86	Add actual or estimate % base pay =	0.3%	\$86
A33	Undefined hidden costs			
A34	Lost customer service \$228	Add actual or estimate % base pay =	0.8%	\$228
A35	Lost productivity \$228	Add actual or estimate % base pay =	0.8%	\$228
A36	Missed goals, objectives & deadlines \$456	Add actual or estimate % base pay =	1.6%	\$456
A37	Other employee turnover \$285	Add actual or estimate % base pay =	1.0%	\$285
A38	Indirect turnover cost \$9,559			
A39				
A40	Potential direct & indirect cost \$43,046	This is only an estimate based upon typical costs and projections.		
A41	Total= Base pay+direct+indirect as % = 151%			

Please Note: This material is provided as general information and is not a substitute for legal or other professional advice

Cost of Turnover Estimate Tools

For a more detailed estimate of at or above Manager potential turnover cost use the calculator below.

1. In the gold color cell of line **B1** insert your employee's base annual pay (here do not include benefits, overtime, bonus, etc).
2. In the gold cell of line **B4** insert how many employees at this pay for whom you want to calculate the turnover cost
3. In the gold cell of line **B5** use the typical 3 month learning period, or insert your estimate, e.g. 6
4. For additional indirect costs impacting turnover cost, insert your actual cost in the appropriate column D cell or accept the calculator estimate reading from the cell in column G. Your cost may be \$0.00 for an item
5. Place your cursor on the **red** comment symbol in the cells in column G to see how the estimate is made
6. As always with the factors affecting human resource management metrics and actions, note this is only an only an estimate

Ln	Direct Turnover Cost Example	Calculation or estimate for selected managers and above		
B1	Annual pay \$75,000			
B2	Benefits cost \$30,000		Add actual or estimate % of base pay =	40.0%
B3	Employee cost \$105,000			
B4	# of voluntary quits in year 1			
B5	# months until fully productive 3			
B6	Per person turnover cost \$13,125		Add actual or estimate % productivity during learning period =	50.0%
B7	Direct turnover cost \$13,125			
B8				
B9	Additional Indirect Turnover Cost Example		Percent	Dollar
B10	Separation cost		<u>estimate</u>	<u>estimate</u>
B11	Accrued vacation \$1,500		Add actual or estimate % base pay =	2.0% \$1,500
B12	Continued benefits \$5,175		Add actual or estimate % base pay =	6.9% \$5,175
B13	Exit interview time \$75		Add actual or estimate % base pay =	0.1% \$75
B14	Staff/supervisor time & salary to avoid quit \$1,590		Add actual or estimate % base pay =	2.1% \$1,590
B15	Termination issues legal/other cost \$3,675		Add actual or estimate % base pay =	4.9% \$3,675
B16	Unemployment expense \$2,250		Add actual or estimate % base pay =	3.0% \$2,250
B17	Replacement cost			
B18	Applicant search cost \$3,029		Add actual or estimate % base pay =	4.0% \$3,029
B19	Employee referral fee \$248		Add actual or estimate % base pay =	0.3% \$248
B20	Employment testing cost \$1,514		Add actual or estimate % base pay =	2.0% \$1,514
B21	Pre-employment medical cost \$150		Add actual or estimate % base pay =	0.2% \$150
B22	Recruiting & advertising cost \$22,500		Add actual or estimate % base pay =	30.0% \$22,500
B23	Reference checking cost \$865		Add actual or estimate % base pay =	1.2% \$865
B24	Relocation & moving costs \$15,000		Add actual or estimate % base pay =	20.0% \$15,000
B25	Staff & interviewer time & salary \$1,406		Add actual or estimate % base pay =	1.9% \$1,406
B26	Supervisor & manager time & salary \$2,452		Add actual or estimate % base pay =	3.3% \$2,452
B27	Training cost			
B28	Co-worker coaching & assist time & salary \$1,803		Add actual or estimate % base pay =	2.4% \$1,803
B29	Paid orientation time \$1,731		Add actual or estimate % base pay =	2.3% \$1,731
B30	Supervisor & manager training time cost \$1,587		Add actual or estimate % base pay =	2.1% \$1,587
B31	Training materials cost \$1,298		Add actual or estimate % base pay =	1.7% \$1,298
B32	Training time & salaries \$225		Add actual or estimate % base pay =	0.3% \$225
B33	Undefined hidden costs			
B34	Lost customer service \$6,900		Add actual or estimate % base pay =	9.2% \$6,900
B35	Lost productivity \$6,900		Add actual or estimate % base pay =	9.2% \$6,900
B36	Missed goals, objectives & deadlines \$7,500		Add actual or estimate % base pay =	10.0% \$7,500
B37	Other employee turnover \$7,508		Add actual or estimate % base pay =	10.0% \$7,508
B38	Indirect turnover cost \$96,880			
B39				
B40	Total potential cost of turnover \$185,005		This is only an estimate based upon typical costs and projections.	
B41	Total= Base pay+direct+indirect as % = 247%			

EXIT INTERVIEW QUESTIONNAIRE

Comment of the effectiveness of our performance management program.
Comment of the fairness of our performance management program.
Comment on our benefits program.
Comment on worker morale at our company.
What was the main reason you left our company?
What did you like least about our company?
What did you like most about our company?
What impact did our management style have on you?
What one word summarizes how you feel about our company?
What was the primary thing you would change in your job with us?
What were other factors in your decision to leave our company?
What other comments do you have?

RECORD OF VIOLATION OF CONDUCT RULES AND/OR REGULATIONS

Worker's Full Name	Title	Department
Worker Identification Number	Infraction date	Incident time/shift
Facility/Location	Policy Violated (Code#)	Discipline Issued (Code #)

Concise Explanation of Infraction

Further infraction of rules and/or regulations may result in more severe disciplinary action.**

Signature of Worker's Supervisor	Date
Signature of Superior	Date
Signature of Worker	Date

**Worker's signature acknowledges issue of discipline. Signature does not indicate agreement with facts presented or company actions taken.



**Russell R. Mueller Retail
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