



# New Jersey Amusement Association

## EMPLOYEE SCHOLARSHIP PROGRAM FULL-TIME SUPERVISOR EVALUATION FORM

Applicants for the NJAA Scholarship Program must have this form completed by their Full-Time Supervisor.

**NOTE TO SUPERVISOR:** *Please note any distinguishing aspects of the employee which demonstrate their qualifications for a scholarship.*

Numerically rate the employee in each of the following categories using a “1 to 4” scale with “4” being the highest score.

NAME OF APPLICANT *(Please Print)*

	Scoring: 1 - Poor; 4 - Best					Comments
Attendance	1	2	3	4	N/A	_____
Appearance	1	2	3	4	N/A	_____
Politeness	1	2	3	4	N/A	_____
Self Motivated	1	2	3	4	N/A	_____
Interest in Work	1	2	3	4	N/A	_____
Completes Tasks	1	2	3	4	N/A	_____
Interacts well with Customers	1	2	3	4	N/A	_____
Interacts well with Co-Workers	1	2	3	4	N/A	_____

Supervisor's Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Evaluator*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name of Evaluator*

**THIS FORM MUST BE COMPLETED  
AND INCLUDED WITH APPLICATION.**