



# APPRENTICE EVALUATION

This form is to be completed by the Employer.  
Please complete a form for each Apprentice.



Apprentice Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Job Duties: \_\_\_\_\_

Company Name: \_\_\_\_\_

	Unsatisfactory	Satisfactory	Exceeds Expectations
Attitude:			
Why?			
Reliable/Dependable:			
Why?			
Follows Direction:			
Why?			
Safety:			
Why?			
Work Ethic:			
Why?			
Communication:			
Why?			
Works Efficiently:			
Why?			
Meets Expectations:			
Why?			
What areas does this Apprentice need improvement on? Why?			

\_\_\_\_\_  
Print Name Title

\_\_\_\_\_  
Signature Date

Please submit completed form to the proper location using one of the following methods:

**ANCHORAGE LOCATION LOCAL 341**  
MAIL to: Alaska Laborers Training School  
17805 Old Glenn Hwy.,  
Chugiak, AK 99567  
EMAIL to: training@aklts.org  
FAX to: (907) 202-9999  
PHONE: (907) 345-3853

**FAIRBANKS LOCATION LOCAL 942**  
MAIL to: Alaska Laborers Training School  
2121 Kiana Street,  
Fairbanks, AK 99709  
EMAIL to: info@aklts.org  
FAX to: (907) 455-4386  
PHONE: (907) 452-3146