

BEP JOB-SHADOWING EVALUATION

Candidate Name: _____

AZBEP Operator: _____

Dates of Job Shadowing: _____

Please answer the following questions based upon your observations. Please support answers with specific examples, wherever applicable.

Did the candidate attend each day of scheduled job-shadowing? Yes No

If the candidate was either late or not in attendance, did the candidate contact you to inform you? Yes No

To the best of your knowledge, did the candidate have good grooming and personal hygiene habits? Yes No

Was the candidate dressed appropriately for your facility? Yes No

Did the candidate appear to be interested in learning about you and your facility? Yes No

Was the candidate courteous to your customers and staff? Yes No

Based upon your observations, would you recommend this candidate for admission into the AZBEP Training Program?
Yes No Please explain your response. _____

AZBEP Operator Signature _____ Date _____

Please mail to:

AZBEP
Program Trainer
3425 E. Van Buren St., Suite 102
Phoenix, AZ 85008
Or fax to: (602) 250-8584