**NEW EMPLOYEE SURVEY**

You may possibly be aware that one of the best sources of knowledge and innovation comes from new employees. We are keen to know what you have learned about our company and how you think it may be improved. Please use extra paper where needed.

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| **BACKGROUND** | | | |
| Name: | | Position Title: | |
| Date of Hire: | | Current Department: | |
| **JOB DESCRIPTION** | | | |
| Please describe in your own words the three most important things you do in your job: | | | |
| 1. |  | | |
| 2. |  | | |
| 3. |  | | |
| Do you feel that your job title is properly named: ¨ Yes ¨ No | | | |
| If “No,” what should it be? | | | |
| **NAME THE THREE *MOST* ENJOYABLE ASPECTS OF YOUR JOB** | | | |
| 1. |  | | |
| 2. |  | | |
| 3. |  | | |
| **NAME THE THREE *LEAST* ENJOYABLE ASPECTS OF YOUR JOB** | | | |
| 1. |  | | |
| 2. |  | | |
| 3. |  | | |
|  | | | |
| **HIRING PROCESS** | | | |
| Was the job accurately described during the hiring process? ¨ Yes ¨ No | | | |
| Comment: | | | |
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| What improvements can be made in the company's hiring process so that we can hire better employees? | | | |
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| **ORIENTATION AND TRAINING** | | | |
| How can the company improve the orientation process which introduces new employees to the company's operations, personnel, products and services? | | | |
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| What can the company do to provide you with skills training so that you can excel at your job? | | | |
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| Would you be interested in cross-training in another department? ¨ Yes ¨ No | | | |
| If so, please state job position you would be interested in training for: | | | |
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| **WAGE AND HOUR ISSUES** | | | |
| Is anything unclear about wage or hour issues (pay, overtime, vacation, missed time from work, sick days, etc.)? ¨ Yes ¨ No | | | |
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| If so, please indicate any questions that you have. | | | |
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| **COMPANY POLICIES AND PROCEDURES** | | | |
| Are you unclear about any company policies or procedures as set forth in the employee | | | |
| handbook or by your supervisor? ¨ Yes ¨ No | | | |
| If so, please indicate any questions you may have: | | | |
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| **COMMENTS** | | | |
| If you are aware of any possible improvements to the way we run our business, please give us your comments or suggestions: | | | |
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| ***Thank you!*** | | | |
|  | | | |
| Signature: | | | Date: |