**Training Evaluation Form**

**Training Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_
Instructor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Details:**

* **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evaluation Table:**

| **Criteria** | **Excellent** | **Good** | **Fair** | **Poor** | **Comments** |
| --- | --- | --- | --- | --- | --- |
| **Content Relevance** | **☐** | **☐** | **☐** | **☐** |  |
| **Instructor Knowledge** | **☐** | **☐** | **☐** | **☐** |  |
| **Presentation Skills** | **☐** | **☐** | **☐** | **☐** |  |
| **Interactive Participation** | **☐** | **☐** | **☐** | **☐** |  |
| **Materials and Resources** | **☐** | **☐** | **☐** | **☐** |  |
| **Venue and Facilities** | **☐** | **☐** | **☐** | **☐** |  |
| **Overall Satisfaction** | **☐** | **☐** | **☐** | **☐** |  |
| **Implementation of Learning** | **☐** | **☐** | **☐** | **☐** |  |

**Open Feedback:**

* **What did you like most about the training?**
* **What aspects of the training could be improved?**
* **How will you apply what you learned?**
* **Additional comments or suggestions:**

**Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_**

**EMPLOYMENT VERIFICATION**

[Company Logo]

[Current Date]

Re: Employment Verification for [Employee Name]

To Whom It May Concern:

This letter is to certify that [Full Name] [is/was] an employee at [Company Name] and [is/was] working as a full-time [Job Title] since [Start Date] to [Term Date]. [His/Her] gross salary [is/was] $[Amount] per annum.

If you have any questions regarding [Mr./Ms.] [Last Name]’s employment, please contact our office at [HR phone number].

Sincerely,

[Signature of authorizing person]

[Name of authorizing person]

[Title of authorizing person]