

Company Driver Evaluation Form

Driver Information:

- Full Name: _____
- Employee ID: _____
- Job Title: _____
- Department: _____

Evaluation Period:

- Start Date: _____ End Date: _____

Performance Metrics:

| Criteria | Rating (1-5) | Evaluator Comments |
|-------------------------------|--------------|--------------------|
| Attendance and Punctuality | | |
| Adherence to Traffic Rules | | |
| Vehicle Maintenance Knowledge | | |
| Accident-Free Record | | |
| Customer Interaction Skills | | |
| Route Knowledge and Planning | | |
| Reporting and Documentation | | |
| Teamwork and Communication | | |

Feedback and Goals:

- Key Achievements: _____

- **Areas for Development:** _____
- **Goals for Next Period:** _____

Acknowledgment:

- I have read and understand this evaluation.
- I would like to provide additional feedback (attached).

Driver's Signature: _____ **Date:** _____

Evaluator's Signature: _____ **Date:** _____