

HOISTING and PORTABLE ENGINEERS Local 4

Apprenticeship Fund

ENGINEERS TRAINING CENTER

John J. Gaffny, Jr., Coordinator



TO THE PERSON RESPONSIBLE FOR THIS APPRENTICE

Please bear in mind that:

1. This report reflects your opinion as an employer.
2. This person may have no previous experience at the job they are required to do.
3. The apprentice will deliver new reports each week.

Please do not hesitate to contact the Coordinator at (781) 821-0306 if you need further details.

Thank you.

ONE ENGINEERS WAY, CANTON, MA 02021-3708 TELEPHONE 781-821-0306 FAX 781-821-6178
SIXTEEN TROTTER DRIVE, MEDWAY, MA 02053-2299 TELEPHONE 508-533-3021
office@local4training.org

APPRENTICE PROBATION REPORT

APPRENTICE _____

Week ending _____/_____/_____

Company/Job _____

WORK HABITS (Please check one)

Excellent Good Fair Poor

ATTITUDE (Please check one)

Excellent Good Fair Poor

QUALITY OF WORK (Please check one)

Excellent Good Fair Poor

ATTENTIVE (Please check one)

Excellent Good Fair Poor

COMMENTS:

Person completing this form _____

Signature _____

Date _____/_____/_____

(Revised 5/2013)