# EMPLOYEE

Form

# SURVEY

FULL NAME

GENDER

DATE COMPANY NAME

**№**

**Q U E S T I O N S**

**1**

**How satisfied are you with your overall experience working for our company?**

Excellent

Very good

Good

Fair

Poor

**2**

**Do you feel that your job responsibilities and expectations are clearly defined?**

Excellent

Very good

Good

Fair

Poor

**3**

**Do you feel that you have access to the necessary resources to perform your job effectively?**

Excellent

Very good

Good

Fair

Poor

**4**

**Do you feel valued and appreciated by your supervisor and colleagues?**

Excellent

Very good

Good

Fair

Poor

**5**

**How satisfied are you with the opportunities for professional development within the company?**

Excellent

Very good

Good

Fair

Poor

**6**

**How well does the company communicate important information and updates to employees?**

Excellent

Very good

Good

Fair

Poor

**7**

**Do you feel that the company prioritizes work-life balance and employee well-being?**

Excellent

Very good

Good

Fair

Poor

**8**

**How well do you feel that your skills and expertise are utilized in your current role?**

Excellent

Very good

Good

Fair

Poor

**9**

**How often do you receive feedback on your performance and progress?**

Excellent

Very good

Good

Fair

Poor

**10**

**Would you recommend our company as a good place to work to others?**

Excellent Very good Good Fair

Poor

***Thank you for taking the time to fill out this questionnaire!***