

Employee Satisfaction Questionnaire

NAME
JOB TITLE
JOB RESPONSIBILITIES
NAME OF PRIMARY SUPERVISOR
SECONDARY SUPERVISORS
LENGTH OF TIME IN PRESENT POSITION
LENGTH OF TIME WITH COMPANY

Please answer ether yes or no to the questions below:	Yes	No
1. Do you get cooperation form other employees when needed?		
2. Does teamwork describe how the company operates?		
3. Do you receive the help and assistance needed to do a good Job?		
4. Are your responsibilities well planned and arranged?		
5. Are you made aware when you do a good job?		
6. Are you made aware when something has gone wrong?		
7. Do you always know what is expected of you?		
8. Are your interests and desires challenged by your job?		
9. Are all employees treated equally?		
10. Are all employees compensated equally?		
11. Are poor performers allowed?		
12. Do owners understand the employees work problems?		
13. Do owners and managers move quickly to solve problems?		
14. Is the company fair to all employees?		
15. Is the company improving?		

What are the factors that you most dislike about your job?

1. _____
2. _____
3. _____
4. _____

What are the factors that you like most about your job?

1. _____
2. _____
3. _____
4. _____

If you owned the company what is the first thing you would do?

Please use the reverse side or attach a separate piece of paper if needed for further comments!