

Firefighter/Fire Sergeant

CITY OF JOHNSON CITY
PERFORMANCE EVALUATION

NAME
Employee #
Evaluation Date:
Position:

Review Period: From _____ To _____

INTRODUCTION: This evaluation was developed to assist the supervisor in evaluating the employee's performance for the most recent review period.

OBJECTIVE: The performance evaluation program for employees of the City of Johnson City is designed to:

1. Improve the overall quality of service rendered by the City of Johnson City,
2. Motivate and guide employees toward greater self-development and improved performance by discussing significant strengths and areas needing improvement in a positive constructive manner.
3. Provide a uniform means for supervisors to make merit pay determinations based upon their assessment of employee performance in relation to performance standards.
4. Provide a means for evaluating employee suitability for continuation of employment beyond the probationary period and for job transfer and promotions.
5. Identify training needs.
6. Provide substantiating data for use as a guide to record employee progress.

Compare the performance of the employee being rated against the expectations listed for each factor. Use the scale below to select the term that best indicates your evaluation of the individual's performance.

Outstanding - Employee consistently demonstrates competency that is superior to the job expectation. Employee is considered outstanding among his/her peers and is a positive role model. Work results and behavior are exceptional and valuable to the organization.

Exceeds Expectation - Employee demonstrates competency that consistently meets and sometimes exceeds the job expectation. Employee is respected among his/her peers. Performance at this level provides a valuable contribution.

Meets Expectation – Employee demonstrates full competency that consistently meets the job expectation. Performance at this level provides a satisfactory contribution.

Needs Improvement - Employee needs to improve performance in order to develop competency to meet the requirements of the current position. Employee's performance may have a negative impact on the operation of the work unit/department. Employee has performed some duties successfully. Work is occasionally inadequate, late or poor quality. Performance clearly leaves room for improvement. The employee may be placed on six month probation as deemed appropriate by the supervisor.

Unacceptable – Employee needs to develop competency to meet the requirements of the current position. Employee's performance has a negative impact on the operation of the work unit/department. The employee is either unwilling or unable to meet acceptable job expectations. Work is frequently inadequate, late or poor quality. Performance leaves substantial room for improvement. A development plan needs to be established in order to provide platforms for demonstrating willingness and competency. The employee shall be placed on six month probation. A probationary evaluation form will be completed and reviewed with the employee by the supervisor on third and sixth month of probation.

SECTION A – PERFORMANCE REVIEW

Rate the performance expectations under each factor as either:

- O Outstanding
- EE Exceeds Expectation
- ME Meets Expectation
- NI Needs Improvement
- U Unacceptable

Narrative explanations are required for each factor area, and specific performance examples are required for all ratings of O, NI, and U. See page 1 for definitions of O, EE, ME, NI, and U.

FACTOR I – Conformance to Policies and Procedures; Follows Supervisor Directions

NOTE: On this factor only, the rating is either ME (Meets Expectation) or U (Unacceptable)

- _____ 1. Is knowledgeable and observant of the attendance policies and punctuality.
- _____ 2. Notifies supervisor promptly of absences or tardiness.
- _____ 3. Abides by sick leave policy and has not used more than five (5) unexcused occurrences of sick leave during the period.
- _____ 4. Requests leave and utilizes shift swap according to established policy.
- _____ 5. Adheres to departmental dress code and presents a professional image.
- _____ 6. Accepts and follows direction of supervisors without refusal or constant complaint.
- _____ 7. Employee is self-disciplined and does not require constant direct supervision in order to complete assignments.

FACTOR II – Basic Work Performance (Involves employee's effort and attitude in completion of the basic duties defined by the job description)

- _____ 1. Completes reports in an accurate and timely manner; Insures narratives are thorough and complete with detailed information per Fire Department policy.
- _____ 2. Completes work assignments thoroughly and in a timely manner.
- _____ 3. Seeks opportunities to broaden skills and increase responsibilities.
- _____ 4. Displays initiative, identifies problems or deficiencies and offers reasonable suggestions for correction.
- _____ 5. Displays honesty, integrity, and professionalism while carrying out the duties of the job.
- _____ 6. Maintains a level of physical preparedness that enables the employee to successfully and safely perform required tasks.
- _____ 7. Completes routine housekeeping, equipment maintenance, and assist others in completion of basic job tasks.
- _____ 8. Is willing to relieve out of rank when the need arises.

FACTOR III – Job Knowledge (Involves the application and use of basic and advanced skills, training, and experience)

- _____ 1. Demonstrates an understanding of job description and performs accordingly.
- _____ 2. Demonstrates appropriate knowledge of firefighting skills.
- _____ 3. Demonstrates appropriate knowledge of emergency medical services and patient care.
- _____ 4. Pursues self-development through continual education and on-the-job training.
- _____ 5. Uses equipment in the appropriate manner to complete assignments and tasks on the emergency scene.
- _____ 6. While acting in relief role as a supervisor or driver, the employee functions in a manner that maintains continuity of services.
- _____ 7. Uses equipment appropriately and in a safe manner while performing essential functions of the job.
- _____ 8. Demonstrates knowledge of standard operating and safety procedures when performing duties at an Emergency scene.

FACTOR IV – Interpersonal Relationships/Communication

- _____ 1. Is courteous and respectful when dealing with the public.
- _____ 2. Maintains friendly relationship with other members of the Fire Department.
- _____ 3. Seeks to assist, educate, and support both the public and peers.
- _____ 4. Displays patience and self-control when dealing with stressful situations.
- _____ 5. Makes decisions based on appropriate practices and facts.
- _____ 6. Is considerate of other members of the department and community as it relates to potential harassment or inappropriate communication.

FACTOR V – Driving Skills and Apparatus Operations – (Note: This section should be completed only if the employee is a Sergeant or has relieved as a Sergeant for five (5) twenty-four hour shifts).

- _____ 1. Applies defensive driving techniques while responding to and returning from incidents as well as non-emergency situations.
- _____ 2. Possesses appropriate knowledge to operate the fire-apparatus correctly at emergency incidents.
- _____ 3. Completes daily operational checks in timely manner and submits completed forms as defined by policy.
- _____ 4. Notifies supervisor of apparatus deficiencies in an appropriate and timely manner and insures Apparatus are up-to-date on preventive maintenance.
- _____ 5. Communicates with peers about daily status and condition of apparatus as well as equipment.

Section B – Performance Expectation Plan Current Year Objectives

In the space provided, mark the appropriate rating with an “x”. Specify Objectives from the current review period and consider to what extent they were achieved or fulfilled. Explain any change to objectives that occurred during the year and make sure you identify all factors that caused the goal to be met or not to be met.

Objective #1:

Rating:

- Outstanding
- Exceeds Expectation
- Meets Expectation
- Needs Improvement
- Unacceptable

Comments:

Objective #2:

Rating:

- Outstanding
- Exceeds Expectation
- Meets Expectation
- Needs Improvement
- Unacceptable

Comments:

Objective #3:

Rating:

- Outstanding
- Exceeds Expectation
- Meets Expectation
- Needs Improvement
- Unacceptable

Comments:

Performance Expectation Plan Next Year Objectives

Use the following section to record major accountabilities and goals for the next review period. In the space provided, specify the objectives and describe how to measure whether they are achieved. The objective should clearly describe what, when, how much, and how well. Objectives should reflect performance expectations over a 12-month period.

Write SMART: specific, measurable, attainable, realistic and timely.

Objective #1:

Measurement of objective achievement: such as quantity, quality, cost, level of skill required and time frames.

Objective #2:

Measurement of objective achievement: such as quantity, quality, cost, level of skill required and time frames.

Objective #3:

Measurement of objective achievement: such as quantity, quality, cost, level of skill required and time frames.

SUPERVISOR OR EMPLOYEE COMMENTS:

SECTION C – PERFORMANCE RATING AND CERTIFICATION

CHECK ONE OF THE FOLLOWING:

- OUTSTANDING
- EXCEEDS EXPECTATION
- MEETS EXPECTATION
- NEEDS IMPROVEMENT
- UNACCEPTABLE

Certification of Evaluation – I certify that this review constitutes my best judgment of the job performance of this employee and is based on personal knowledge of his/her work.

Signature of Evaluator _____ Date _____

Review by Division Head – I certify that I have carefully reviewed the evaluation and informed the evaluator of any inconsistencies/errors noted and/or lack of required documentation as given on this form. I understand that if I do not agree with the rating I will state my disagreement in the comment section.

Concurrence _____ Signature of Division Head _____ Date _____

Review by Department Head – I certify that I have carefully reviewed the evaluation and informed the evaluator of any inconsistencies/errors noted and/or lack of required documentation as given on this form. I understand that if I do not agree with the rating I will state my disagreement in the comment section.

Concurrence _____ Signature of Division Head _____ Date _____

Review by Employee – I certify that I have reviewed this performance evaluation and it has been discussed with me. If I disagree with the evaluation, I will use the comment section to state my concern.

Signature of Employee _____ Date _____

ADDITIONAL COMMENTS: