

COMPETENCY TEST

能力测验

Training:
培训:

Employee Name: Position: Department: 员工
姓名: 职位:

Examiner: Date:
考核人: 日期:

Question: 问题:	Yes 有	No 无	Observation: 意见:
<u>OVERALL OBSERVATIONS</u> 总体意见			

Employee is requested to attend the training again
是否要求员工再次参加培训

YES NO
是 否

Comments:
评价:

Examiner Signature: Date:
考核人签名: 日期: