

NEW HIRE SURVEY



Employee Name:
Department:

Start Date:
Supervisor:

***Please complete the following survey and return to Kristin Kelly (kkelly@tscpl.org) within two weeks of your start date.**

Our goal is to make a positive impact on you during your first days with the TSCPL. Now that your orientation period has passed, we would like to have your feedback as to your experience. We will use this information to tailor our welcoming procedures for new employees.

1. Was HR expecting you when you arrived? YES [] NO []
2. Was the order of the information presented done in an easy-to-understand format?
 - a. Initial meeting: YES [] NO []
 - b. Benefits meeting: : YES [] NO []
 - c. Performance Procedure meeting: YES [] NO []
3. Was the person presenting the information able to answer your questions during your orientation?
 - a. Initial meeting: YES [] NO []
 - b. Benefits meeting YES [] NO []
 - c. Performance meeting. YES [] NO []
4. Do you feel that you were given enough of a verbal explanation during the meetings?
YES [] NO []
If No, please comment on what you feel could have been covered in more detail: _____

5. Did you have a need to contact HR for benefit questions prior to signing up for benefits?
YES [] NO []
6. Were your benefit and/or policy questions answered during the meeting or when you inquired separately? Meeting [] Inquiry []
7. Do you feel there is enough information given on the benefits and the information you received was easy to understand? YES [] NO []
8. Did you get what you expected from your New Employee Orientation? YES [] NO []
If No, please comment: _____
9. Was the HR staff courteous and professional? YES [] NO []

10. Were the details about your arrival clearly communicated to you?
YES [] NO []
11. Was your supervisor present on your first day of work? YES [] NO []
12. Were you taken on a tour of the facility? YES [] NO []
13. Were you introduced to co-workers (if they work in the same location)? YES [] NO []
14. Were you shown the following locations?
 a. Restrooms: [] YES [] NO
 b. Lunchroom: [] YES [] NO
 c. Supply Cabinet: [] YES [] NO
 d. Copier/Printer: [] YES [] NO
15. Was your office/desk set up and ready for you (furniture, PC, and supplies)?
YES [] NO []
16. Was your phone and email setup upon arrival? YES [] NO [] N/A
17. Were you shown how to operate the phone, voice mail, and email systems?
YES [] NO [] N/A
18. Did you receive an explanation as to the procedure for receiving technical support from the IT staff? YES [] NO []
19. Were you given a copy of your Job Description? YES [] NO []
When did you receive it? _____
20. What was your overall impression of your first few days?

21. Please tell us if there are any topics you feel would be beneficial for new staff to learn during their orientation from their supervisor that were not covered during your orientation:

22. Please tell us if there are topics you feel would be beneficial for new staff to hear during New Employee Orientation that were not covered during your orientation.

23. Please state anything you think we should consider changing or adding to the orientation process that would add positively to the new hire's experience:

Thank you for your time and responses. This information will not be part of your Personnel File. It will be used to improve the orientation and training phases a new hire will experience.

New Hire Name: _____

Signature: _____

Date: _____