

TRAFFIC SIGNAL TECH

MISSOURI VALLEY LINE CONSTRUCTORS APPRENTICESHIP

1600 E Iowa Ave. - Indianola, Iowa 50125

Website: www.movalleyjtc.org Email: mbauer@movalleyjtc.org, arowe@movalleyjtc.org

NAME: _____ THESE HOURS ARE FOR THE MONTH OF: _____ Year: _____ L.U.: _____

Day	Contractor	Foundations & Conduit	Wire Pulling & Coding	Equipment Installation	OTHER	Explanation
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
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26						
27						
28						
29						
30						
31						

Note: All hours must be explained on the Explanation portion of this report card, detailing the hours claimed.
 Eligible Veterans **MUST** indicate Hourly Wage Rate \$ _____

Apprentice Signature: _____ Date: _____
 State: _____ County: _____

Contractor: _____ From: _____ To: _____ Foreman Signature: _____ Date: _____
 Foreman Print Name: _____
 Contractor: _____ From: _____ To: _____ Foreman Signature: _____ Date: _____
 Foreman Print Name: _____

Apprentice: _____ Step: _____ Home Local: _____ Working Local: _____

Employer: _____ Foreman: _____ Phone: _____

General Foreman: _____ Phone: _____ Job Site (City): _____

Superintendent: _____ Phone: _____

Please fill in a "P" for "pass" or an "F" for "fail" for each question below.

- Shows up on time and prepared to work? _____
- Plans work in an efficient manner prior to starting the task? _____
- Anticipates the tool and materials required to complete the task? _____
- Anticipates issues which could arise during the task? _____
- Checks completed work on their own? _____
- Uses time effectively and is productive? _____
- Has a positive attitude regardless of tasks? _____
- Respectful to others? _____
- Produces quality work? _____
- Retains knowledge and applies to future tasks? _____
- Possesses good communication skills? _____
- Listens and follows directions? _____
- Does the apprentice ask questions during tailboards? _____
- Has the ability to solve problems? _____
- Works in a safe manner? _____
- Skills match step level? _____
- Keeps track of/takes care of tools and equipment? _____

Comments

What types of work has the apprentice performed while under your supervision?

What is one thing this apprentice needs to work on for next month's evaluation?: _____

Does this apprentice need to attend subcommittee?: Yes No (Circle) If yes, or for any other concerns, contact Matt Poutre: 515-505-0842

Apprentice's signature _____ Date: _____

Foreman's signature _____ Date: _____

FOREMAN'S RESPONSIBILITY

- Review and certify the number of hours listed on the front of this report were actually worked, and sign in the space provided.
- Complete the above Monthly Apprentice Evaluation Report honestly and offer guidance where needed to the apprentice