# EMPLOYEE SATISFACTION SURVEY QUESTIONNAIRE

|  |  |
| --- | --- |
| Name: |  |
| Phone Number: |  |
| Email Address: |  |
| Position: |  |
| Department: |  |
| Manager: |  |
| Length of Time at the Company: |  |

1. How would you rank your overall job satisfaction?

|  |
| --- |
|  |
|  |
|  |

1. Do you feel that your job description is clear? Do you ever have to do work that is outside this description? If so, how often? Do you feel you have the proper skills and knowledge to perform the work given to you?

|  |
| --- |
|  |
|  |
|  |

1. Do you feel that your work is rewarded and praised? Do you feel appreciated by your manager and other members of your team?

|  |
| --- |
|  |
|  |
|  |

1. Do you feel you are given clear and concise instruction and goals by your manager? Do they provide clear, constructive criticism when you have performed below expectations?

|  |
| --- |
|  |
|  |
|  |

1. Do you feel you are provided with ample opportunities to enhance your skills, training and/or education? Do you feel you have ample opportunities to grow your career at this company? Do you feel that your manager is helping you in your goals?

|  |
| --- |
|  |
|  |
|  |

1. How is the teamwork in your department? Do you feel you work well together?

|  |
| --- |
|  |
|  |
|  |

1. Do you feel you are being adequately compensated, including benefits and bonuses?

|  |
| --- |
|  |
|  |
|  |

1. Do you appreciate the company? Do you feel that you know and agree with the company's overall direction and goals?

|  |
| --- |
|  |
|  |
|  |

1. Do you feel like you are a valued and respected employee of the company? Do you see yourself remaining at the company for an extended period of time?

|  |
| --- |
|  |
|  |
|  |

1. Are there any changes you feel could be made to improve your job satisfaction?

|  |
| --- |
|  |
|  |
|  |

1. Please provide any additional feedback here.

|  |
| --- |
|  |
|  |
|  |