KUIKEN BROTHERS COMPANY INC.
RESIDENTIAL & COMMERCIAL BUILDING MATERIALS Since 1912

DRIVER MENTORING AND EVALUATION FORM

Assigned to Location _____ Date _____

Driver's Name _____

License Type: Non-CDL or CDL _____

Counter-Balance Forklift Certified ❑ Yes ❑ No

Non-counterbalance forklift certified (Moffett) ❑ Yes ❑ No

Date	Truck #	Mentors Name (printed)	Hours

Recommendations: _____

_____

Total Hours Mentored _____

Immediate Supervisor Sign Off & Date _____

Fleet Manager Sign Off & Date _____

Safety Manager Sign Off & Date _____