

Start Date: _____

CITY CRUISES CANADA POLICY AND PROCEDURE



90 Day Evaluation Form

| Crew Name: | Departmer | Department: | | |
|--|--------------|---|--|---------------------|
| Position Title: | Supervisor's | Supervisor's Name: | | |
| Rating Definitions Consistently meets expectations and job accountabilities. Demonstrates the Does not consider the Does not consid | | Does Not Meet Does not consistently meet ex Does not demonstrate the values or meet job accoun | ently meet expectations. onstrate the RESPECT | |
| Indicate whether the crew member "meets" or "does not meet" the applicable value and The Hornblower 12 Operating Principle | | | | Does Not Meet |
| RESPECT Foster diversity and inclusion Is courteous and polite at all times Treats guests, fellow crew members with respect | | | | |
| ENVIRONMENT Practice conservation and environmental responsibility • Helps keep workplace neat and tidy | | | | |
| SAFETY #1 Cultivate a safe and secure workplace | | | | |
| PROFESSIONALISM Be on time. Come prepared; Make data-driven, fact-based decisions; Be decisive with 80:100 solutions (80% right, 100% implementable) • Adheres to the Code of Conduct, Ethical Standards and Appearance Standards • Always makes a good impression | | | | |
| EXCEED Except to win – but compete as an underdog; Embrace innovation and reinvention Constantly strives to exceed guest expectations Looks for ways to continuously improve | | | | |
| COMMUNICATION Listen and be responsive; Strive for efficiency and transparency without politics • Engages guests by welcoming them, offering assistance and thanking them • Uses appropriate body language when speaking with guests | | | | |
| TEAMWORK Win as a team. Play your role; Work hard, have fun, celebrate successes • Works with fellow crew members to 'create amazing experiences' for guests | | | | |



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| Number of Days Absent: | |
|---|--|
| Number of Days Late: | |
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| CREW MEMBER COMMENT(S) | |
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| MANAGEMENT COMMENT(S) | |
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| DECLADATION | |
| DECLARATION CERTIFIC | ATION OF MANAGEMENT REPRESENTATIVE |
| I certify that I have discussed the 90 Day Pe | ormance Review with the Crew Member. |
| | |
| Signature of Management Representative | Date |
| | |
| AC | KNOWLEDGEMENT OF CREW MEMBER |
| | D Day Performance Review with my manager. I understand that by signing ocument and my signature does not necessarily constitute agreement with its |
| | |
| Signature of Crew Member | Date |