



Service Department Survey

Please complete the following survey. **DO NOT** put your name on this form. Please **PRINT** you responses. Thank you for your cooperation.

- | | | |
|---------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Single Point | <input type="checkbox"/> Domestic | <input type="checkbox"/> Multi Point - Domestic |
| <input type="checkbox"/> Single Point | <input type="checkbox"/> Import | <input type="checkbox"/> Multi Point - Import |
| | | <input type="checkbox"/> Multi Point - Combined |

- Position: Service Manager Service Advisor Technician
 Dispatcher Cashier Lot Person

- Gender: Male Female

List 3 items that are **important to you**, working in an automotive service environment. Please rank them with 1. being most important, 2. being important, and 3. being least important.

1. _____
2. _____
3. _____

Please look at the 10 items listed below and rank them from 1-10 with 1 being most important and 10 being least important. **DO NOT** duplicate numbers; use each number 1 through 10 only once.

- | | |
|--|---|
| <input type="checkbox"/> Availability of special tools | <input type="checkbox"/> Pay Plans |
| <input type="checkbox"/> Cleanliness of Service Department | <input type="checkbox"/> Telephone system |
| <input type="checkbox"/> Company benefits (major medical, 401K) | <input type="checkbox"/> Training |
| <input type="checkbox"/> Distribution of work | <input type="checkbox"/> Treated with respect |
| <input type="checkbox"/> Parts availability (back parts counter) | <input type="checkbox"/> Uniforms |

Please list the **major** reason why you chose to work at this Service Department.
