

Job Offer Evaluation Worksheet

	1	2	3	4
Company:				
Job Title				
Salary				
Location				
Length of Commute				
Hours				
Dress Code				
Benefits & Monthly Cost				
Medical	\$	\$	\$	\$
Dental	\$	\$	\$	\$
Vision	\$	\$	\$	\$
Long Term Disability	\$	\$	\$	\$
Short Term Disability	\$	\$	\$	\$
401K Options				
# of Vacation Days				
# of Sick Days				
Amount of travel				
Added Job Perks				
Challenges with Job				
Notes:				