

Employee Interest Sheet

Please complete this form to tell us about with.	out you. Share only what you are comfortable
Name:	Position:
Contact Information:	
How long have you been in the department	t? Birthday (MM/DD):
FA\	/ORITES:
Beverage	Movie(s)
Book/Author	Restaurant
Interest	Local Attractions
Food	Sports Team
Hobby/Sport	Type of Music

What are your personal goals (educational, travel, home-related, etc.)?

What are your professional goals?



What languages do you speak?	
What area do you live in?	
What are your meeting preferences? Choose all that apply.	
 Coffee / Breakfast Lunch After Hours 	
Employee Signature:	Date:
Manager Signature:	Date: