

New Employee Interest Sheet

NEW EMPLOYEE DAYS <0 **0 – 30** 30 – 60 60 – 90 90 +

Please complete this form to tell us about you. Share only what you are comfortable with.

Name: _____ **Position:** _____

Contact Information: _____

How long have you been in the department? _____ **Birthday (MM/DD):** _____

FAVORITES:	
Beverage	Movie(s)
Book/Author	Restaurant
Color	Snacks
Food	Sports Team
Hobby/Sport/Interest	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