



EMPLOYEE QUESTIONNAIRE

NAME: _____

PAW-SONAL DETAILS

Cell Phone: _____

Birthdate: _____

Work Anniversary Date: _____

Wedding Anniversary Date: _____

Spouse or Significant Other: _____

Children's Name & Ages: _____

Animals/Pets & Names: _____

Pet Peeves: _____

What makes you Laugh: _____

How do you like to be recognized? _____

Preferred Method of Contact: _____

Personal Goals: _____

Professional Goals: _____

PREFERENCES

	Y	N
Coffee	<input type="checkbox"/>	<input type="checkbox"/>
Tea	<input type="checkbox"/>	<input type="checkbox"/>
Movie tickets	<input type="checkbox"/>	<input type="checkbox"/>
Books	<input type="checkbox"/>	<input type="checkbox"/>
Home decor	<input type="checkbox"/>	<input type="checkbox"/>
Candles	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>
Sweet	<input type="checkbox"/>	<input type="checkbox"/>
Savory	<input type="checkbox"/>	<input type="checkbox"/>
Baked goods	<input type="checkbox"/>	<input type="checkbox"/>
Indoor activities	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor activities	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Clothing	<input type="checkbox"/>	<input type="checkbox"/>

PRACTICALITIES

Allergies or sensitivities? _____

Favorite Snacks: _____

3 FUN FACTS

1. _____

2. _____

3. _____