

Personal

Name:		Birthday:	
Address:		City of Birth:	

Your family relationships:

Name	Relationship	Birthday	Name	Relationship	Birthday

Pets:	
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Education/Experience

School/Company:	Degree/Role:	# of yrs	Key learning? / What I enjoyed most?
Professional Certifications:			

My Gifts / My Needs

What things do I do extremely well? (strengths / gifts)	What rewards do I most appreciate?

Miscellaneous

Hobbies:			
My Favorite . . .	Food:		Sport:
Movie:	Restaurant:		Sports Team:
Vacation:	Junk Food:		Way to relax:
If I am not working, I am probably . . .			

Learning Style: (circle one) Analyze Do Watch

Communication Preference: (circle one) Email Phone Text Voicemail Face to Face