



# The Talent Partnership Employer Contact Sheet

## Employer Contact Information

Company/Employer Name: \_\_\_\_\_

Best Point of Contact Name(s): \_\_\_\_\_

\_\_\_\_\_

Title(s): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Website/Social Media: \_\_\_\_\_

\_\_\_\_\_

## Employer Meeting Preferences

Would you prefer to have collaborative meetings?

In Person

Virtually

No Preference

What time would you prefer these meetings be held?

Morning

Afternoon

Evening

No Preference

How often do you think these meetings should occur?

Monthly

Quarterly

Semiannually

No Preference