

# **CONFIDENTIAL PROFESSIONAL INTAKE FORM**

Professional Transition & Representation Advisory | US Restaurant Consultants

This form is intended for experienced restaurant and hospitality professionals.

This is not a recruiting or placement service.

**SECTION 1: PROFESSIONAL INFORMATION**

Full Name:

Preferred Email:

Preferred Phone (optional):

Current Role / Title (do not list employer):

Years of Senior-Level Experience:	5–10	10–15	15–25	25+
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## **SECTION 2: PROFESSIONAL BACKGROUND**

Executive / Culinary Leadership

General Management

Operations / Multi-Unit Leadership

Beverage / Bar Leadership

Openings / Turnarounds

Ownership / Partnership

Advisory / Consulting

Brief Professional Summary:

SECTION 3: OPPORTUNITY EXPLORATION

Senior Leadership Role

Multi-Unit / Growth Role

Opening or Expansion Team

Partnership / Equity Opportunity

Advisory-to-Ownership Pathway

Exploratory Only

Geographic Preferences or Constraints:

Timing Horizon:	0–3 months	3–6 months	6–12 months	Exploratory
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**SECTION 4: CONFIDENTIALITY & RISK AWARENESS**

Currently Employed?                      Yes                      No

Non-compete

Non-solicitation

Confidentiality / IP

Equity Vesting

None

Sensitivities or risks requiring discretion:

**SECTION 5: GROUP OR TEAM INQUIRY (IF APPLICABLE)**

Individual	Paired Leadership	Intact Team
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Team structure and roles:

**SECTION 6: OWNERSHIP & CAPITAL (OPTIONAL)**

Prior ownership or equity experience?	Yes	No	
Exploring ownership or equity in next role?	Yes	Possibly	No

Details (optional):

**SECTION 7: ADDITIONAL CONTEXT & ACKNOWLEDGMENT**

Additional information relevant to alignment:

Name (typed):

Date: