



ASTERY CORPORATION
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CLIENT INTAKE FORM

Business Information

• Business Name: _____

• City of Residence / Business Location:

Email: _____

Phone: _____

Fax: _____

Position Details

• Job Title / Role Needed: _____

• Primary Responsibilities: _____

• Required Skills or Experience: _____

Grounded in fairness and reliability, fueled by star-fired passion, and aligned with precise, proven direction.

Start Date: _____

Workload & Schedule

Full-Time Part-Time Others

Expected Weekly Hours: _____

Preferred Work Schedule (if any): _____

Additional Requirements

• **Tools / Software Needed:** _____

• **Confidentiality or Compliance Requirements:** _____

• **Other Notes or Special Instructions:** _____
