

[NAME OF FRANCHISOR]  
*Street Address, City, State, Postcode*

**Confidential Evaluation Application**

In order that we might help you decide if a [Franchisor] franchise is right for you, please provide the following information. All information will be held in strictest confidence. Completion of this Evaluation Application does not obligate you or [Franchisor] in any way.

**I. PERSONAL**

Name: \_\_\_\_\_  
Home address: \_\_\_\_\_ City: \_\_\_\_\_ State : \_\_\_\_\_ Postcode: \_\_\_\_\_  
Home telephone: \_\_\_\_\_ Business telephone: \_\_\_\_\_  
Convenient time to call - Home: \_\_\_\_\_ Business: \_\_\_\_\_  
Cell Phone No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
Circle highest level completed: High School: 1 2 3 4 University: 1 2 3 4 5 6 7 8  
University attended: \_\_\_\_\_ Major/Degree: \_\_\_\_\_

**II. OCCUPATIONAL OR SELF-EMPLOYMENT HISTORY**

*Last 10 years experience - list most recent first*

Business name	Position/Responsibilities	Annual Income	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Business/ Personal References**

Name	Relationship	Telephone Number
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**THIS IS A 2-PAGE FORM.**