

[FRANCHISOR]

Street Address, City, Country, Post Code

**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: \_\_\_\_\_ Country: \_\_\_\_\_ P/Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Convenient time to call - Home: \_\_\_\_\_ Business: \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

May we contact any of the above? \_\_\_\_\_

Have you ever owned or worked in an [Franchisor] type operation? If yes, where: \_\_\_\_\_

Have you ever been convicted of a criminal offence (which is not a spent conviction within the terms of the *Rehabilitation Act 1974*)? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, explain: \_\_\_\_\_

Have you ever failed in business or compromised with creditors? If yes, explain: \_\_\_\_\_

**THIS IS A 2-PAGE FORM.**