

Confidential Candidate Evaluation

THIS IS NOT A CONTRACT

*This is not a contract and does not obligate either party in any manner.
All information will be held in complete confidence.*

Client Information

| | |
|-------------------|--------------|
| Name: | Date: |
| Address: | |
| City, State, Zip: | |
| Home Number: | Work Number: |
| Cell Number: | Fax Number: |
| Email: | |

Personal Information

| | |
|---|---|
| Date of Birth: | General Health: |
| Marital Status: | Spouse's Name: |
| Spouse's Occupation: | Spouse's Date of Birth: |
| Total Dependents: | Are you a U.S. Citizen? If not, what country? |
| Current Residence: Own or Rent/How long: | |
| Previous Residence (city/state): | |
| What is the main driving force/motivating factor(s) for you wanting to start a business? | |
| Ideally, when would you like to open your franchise? | |
| Outside of your spouse, do you plan on having a partner in the business, investor(s) or other financial contributor(s)? If so, who? | |

Professional Experience

| | | | |
|----------------------------|----------------|--------------|--|
| 1. Company: | | Division: | |
| City/State: | Employed from: | Employed to: | |
| Describe responsibilities: | | | |
| 2. Company: | | Division: | |
| City/State: | Employed from: | Employed to: | |
| Describe responsibilities: | | | |
| 3. Company: | | Division: | |
| City/State: | Employed from: | Employed to: | |
| Describe responsibilities: | | | |

Education

| | |
|---|------------------------|
| Last year of High School completed: (1, 2, 3 or 4) | |
| Last year of College completed: (1, 2, 3, 4 or 5) | |
| Last year of Post-Graduate completed: (1, 2, 3 or 4) | |
| School/University Name: | Year Graduated: |
| Degree: | Special Certification: |
| Other Courses/Education/Skills: | |

General

| | |
|---|--|
| Would you plan to spend full time in this business? | |
| If not, please explain your other obligations: | |
| Have you ever failed in business or compromised with creditors? If yes, please explain: | |

Personal Financial Statement

| Assets | Current |
|---|----------------|
| Cash on Hand and Unrestricted in Banks..... | \$ |
| IRA, 401(k), 403(b) or other tax qualified retirement plans..... | \$ |
| If you have a retirement plan from your job, is it with a current _____ or previous _____ employer? | |
| If you have a Roth IRA, what is the approximate value..... | \$ |
| Annuities..... | \$ |
| U.S. Government Securities..... | \$ |
| Notes Receivable..... | \$ |
| Life Insurance, Cash Surrender Value - NOT death benefit..... | \$ |
| Other Stocks and Bonds..... | \$ |
| Real Estate..... | \$ |
| Other Assets (itemize) | \$ |
| Total Assets..... | \$ |

| Liabilities | Current |
|--|----------------|
| Notes Payable to Banks or Others..... | \$ |
| Loans Against Life Insurance..... | \$ |
| Accounts Payable..... | \$ |
| Interest Payable..... | \$ |
| Taxes and Assessments Payable..... | \$ |
| Remaining Mortgage(s) Payable on Real Estate..... | \$ |
| Other Liabilities (itemize) | \$ |
| Total Liabilities..... | \$ |
| Net Worth = Total Assets - Total Liabilities..... | \$ |

| Source of Income | Current |
|---|----------------|
| Salary (annualized)..... | \$ |
| Bonus and Commissions..... | \$ |
| Dividends and Interest..... | \$ |
| Real Estate Income..... | \$ |
| Other Income (itemize) | \$ |
| Total Income..... | \$ |
| Available Capital to Invest in this Franchise..... | \$ |

Character Traits

Place an 'X' next to any of the traits below that apply to you. There are no right or wrong answers.

| | | |
|---|---|---|
| <input type="checkbox"/> Bold | <input type="checkbox"/> Enjoys challenge | <input type="checkbox"/> Strong willed |
| <input type="checkbox"/> Takes charge | <input type="checkbox"/> Problem solver | <input type="checkbox"/> Independent, self-reliant |
| <input type="checkbox"/> Determined | <input type="checkbox"/> Productive | <input type="checkbox"/> Controlling |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Likes positions of authority | <input type="checkbox"/> Persistent |
| <input type="checkbox"/> Firm | <input type="checkbox"/> Purposeful, goal driven | <input type="checkbox"/> Action oriented |
| <input type="checkbox"/> Enterprising | <input type="checkbox"/> Decision maker | <input type="checkbox"/> Outgoing |
| <input type="checkbox"/> Competitive | <input type="checkbox"/> Takes risks | <input type="checkbox"/> "Let's do it now" |
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Friendly, mixes easily | <input type="checkbox"/> Group oriented |
| <input type="checkbox"/> Adventurous | <input type="checkbox"/> Enjoys popularity | <input type="checkbox"/> Optimistic |
| <input type="checkbox"/> Visionary | <input type="checkbox"/> Fun loving | <input type="checkbox"/> Initiator |
| <input type="checkbox"/> Motivator | <input type="checkbox"/> Likes variety | <input type="checkbox"/> Infectious laughter |
| <input type="checkbox"/> Energetic | <input type="checkbox"/> Spontaneous | <input type="checkbox"/> Inspirational |
| <input type="checkbox"/> Very verbal | <input type="checkbox"/> Enjoys change | <input type="checkbox"/> Empathetic |
| <input type="checkbox"/> Promoter | <input type="checkbox"/> Creative, new ideas | <input type="checkbox"/> "Trust me! It'll work out" |
| <input type="checkbox"/> Enjoys instructions | <input type="checkbox"/> Orderly | <input type="checkbox"/> Inquisitive |
| <input type="checkbox"/> Accurate | <input type="checkbox"/> Factual | <input type="checkbox"/> Precise |
| <input type="checkbox"/> Consistent | <input type="checkbox"/> Conscientious | <input type="checkbox"/> Persistent |
| <input type="checkbox"/> Controlled | <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Scheduled |
| <input type="checkbox"/> Reserved | <input type="checkbox"/> Discerning | <input type="checkbox"/> Dry Humor |
| <input type="checkbox"/> Predictable | <input type="checkbox"/> Detailed | <input type="checkbox"/> Exact |
| <input type="checkbox"/> Practical | <input type="checkbox"/> Analytical | <input type="checkbox"/> "How was it done in the past?" |
| <input type="checkbox"/> Sensitive feelings | <input type="checkbox"/> Humble | <input type="checkbox"/> Nurturing |
| <input type="checkbox"/> Loyal | <input type="checkbox"/> Gives in | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Calm, even keel | <input type="checkbox"/> Indecisive | <input type="checkbox"/> Tolerant |
| <input type="checkbox"/> Non demanding | <input type="checkbox"/> Will do without | <input type="checkbox"/> Good listener |
| <input type="checkbox"/> Avoids confrontation | <input type="checkbox"/> Adaptable | <input type="checkbox"/> Peace Maker |
| <input type="checkbox"/> Enjoys routine | <input type="checkbox"/> Sympathetic | <input type="checkbox"/> Dependable |
| <input type="checkbox"/> Warm and relational | <input type="checkbox"/> Thoughtful | <input type="checkbox"/> "Let's keep things the way they are" |

Applicant: Please Read & Sign

It is understood that the purpose of this questionnaire is for information only and is in no way binding upon the company, its agents, representatives or the applicant. It is, however, understood that the applicant supplies this information contained herein to the best of his/her knowledge/ability and that the company, its agents or representatives rely on this fact in assessing the desirability and qualifications of the applicant.

| | | |
|---|---------|----|
| Submitted this: | day of: | 20 |
| Name: | | |
| Signature (enter "I agree" if you cannot sign): | | |