



## **APPLICATION AND QUALIFICATION REPORT**

(Complete in Full, Please Type or Print Clearly)

### **Personal Information**

Name: \_\_\_\_\_  
(first) (middle) (last)

Social Insurance Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address:

\_\_\_\_\_  
(street) (city)

\_\_\_\_\_  
(province) (postal code)

Telephone: Res. (\_\_\_\_\_) \_\_\_\_\_ Bus. (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Own Home? \_\_\_\_\_ Years at Present Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Have You Ever Been Self-employed? \_\_\_\_\_ Details: \_\_\_\_\_

What is the Best Time To Phone You at Home? \_\_\_\_\_ At Work: \_\_\_\_\_

### **Employment Background**

Current Employer: \_\_\_\_\_ May We Contact? YES NO

Type of Business: \_\_\_\_\_ Position Held: \_\_\_\_\_

Years Employed: \_\_\_\_\_ Current Income: \_\_\_\_\_

**Financial Information**

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Amount of Unencumbered Funds Available to Invest: \_\_\_\_\_

Current Net Worth: \_\_\_\_\_ Details: \_\_\_\_\_

**Additional Information**

Location Preferences: (1). \_\_\_\_\_

(2). \_\_\_\_\_

(3). \_\_\_\_\_

Would You Be Involved Directly in the Management of the Franchise? If Not, Who Will Manage It?

\_\_\_\_\_  
\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**\* Please Include Resume And References with Application \***

Head Office Use Only

Date: \_\_\_\_\_

Area: \_\_\_\_\_

Director: \_\_\_\_\_