



## FRANCHISEE APPLICATION EVALUATION

*All information given shall be held in the strictest confidence and shall be used for assessment purposes solely and exclusively by Big Apple Express Spa.*

### PERSONAL PROFILE:

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

Home Address:

\_\_\_\_\_ Tel. No. \_\_\_\_\_

\_\_\_\_\_ Cel No. \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Business Address:

\_\_\_\_\_ Tel. No. \_\_\_\_\_

\_\_\_\_\_ Fax. No. \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/19\_\_\_ Age : \_\_\_\_\_ Citizenship: \_\_\_\_\_

Civil Status: \_\_\_Single or \_\_\_Married If Married, Name of Spouse: \_\_\_\_\_

Number of Children: \_\_\_\_\_ (Please Indicate name and age)

	Name	Age
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

### ACADEMIC BACKGROUND:

	Name of School	Degree Attained	Years Attended
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____



### WORK EXPERIENCE:

Please give details of past and present work experience.

Company Name	Position	Years of Employed
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

### BUSINESS PROFILE:

Please give details of businesses you and your spouse owned and/or operated for the last 5 years.

#### THE APPLICANT

Business Name	Business Type	Years of Operations
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

#### YOUR SPOUSE

Business Name	Business Type	Years of Operations
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Do you plan to devote fulltime to this business? \_\_\_Yes \_\_\_No

Do you anticipate your spouse, immediate family members or relative to work for or with you in operating the franchise business? \_\_\_Yes \_\_\_No

If yes, please specify:

Name of Person	Relationship	In What Capacity
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____



Have you ever made an unsuccessful business venture? \_\_\_Yes \_\_\_No

If yes, please specify the nature of the business and the reason for closure:

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Memberships in various professional, business or civic organizations:

Organization Name	Position	Length of Memberships
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Character References:

Name (contact info)	Occupation	In what capacity are you known to this person?
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Bank References:

Bank	Name (contact info)	Type of Account	How Long Account Held
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I certify the information furnished above to be true and correct.

\_\_\_\_\_  
Signature over Printed Name:

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