

# Franchise Questionnaire

## Personal Information

Name:	Home Phone:	
Address:	Business Phone:	
City:	Province:	Postal Code:
Email Address	Drivers License #:	
Spouse's Name:	Number of Dependants:	
Have you ever been convicted of a criminal offence? Yes___ No___		
Have you or any company you were associated with entered receivership or bankruptcy? Yes___ No___		
Explain:		

## Employment Experience

Your Occupation:	Dates:	Employer:
Responsibilities:		
Previous Occupation:	Dates:	Employer:
Responsibilities:		
Previous Occupation:	Dates:	Employer:
Responsibilities:		
Your Spouses Occupation:	Dates:	Employer:
Responsibilities:		

## Education

Level of Public Education Completed:
Level of Post Secondary Education Completed:
Other Training Certificates or Courses:



