

Graduate Experience? Degrees _____

Additional Education _____

Record of Employment (start with most recent position)

Dates of employment: from _____ to _____
month/year month/year

Employer _____
name address telephone

Type of Business _____ Your Position _____

Supervisors Name _____ Your Salary _____

Describe your duties and responsibilities. _____

Will you continue this position if franchise is granted? _____

Dates of employment: from _____ to _____
month/year month/year

Employer _____
name address telephone

Type of Business _____ Your Position _____

Supervisors Name _____ Your Salary _____

Describe your duties and responsibilities. _____

Reason for Leaving _____

Other employment specific to electronics repair or service maintenance management:

Your Position _____ Year _____

Your Position _____ Year _____

Which of your past positions did you enjoy the most? _____

Have you ever owned a business? _____ Name of Business _____

Address _____

Please give details of business (What type? Do you still own it?) _____

Have you ever been self-employed? _____ If so, Please give details: _____

Are you a partner or owner in any other venture? If so, what is your equity position in this venture?

Does your physical condition prevent you from lifting fifty pounds? _____ 100 pounds ? _____

General Information

What three adjectives describe your personality?

What distinguishes you from other people?

What sorts of charitable or socially responsible organizations do you belong to and what do they do?

Personal References (do not list relatives or former employees)

Name

Address

Phone

1. _____

2. _____

Credit References (companies with whom you have done business)

Name

Address

Phone

1. _____

2. _____

3. _____

What is the maximum amount you can invest in a Video Re-Fit Shop franchise ? \$ _____

What is the minimum income you need in the first year of business? \$ _____

List the sources of capital you plan to use to establish your Video Re-Fit Shop Franchise:

Investors/Associates who would join in this venture:

Name	Address	Percentage of Ownership	Percentage of time in business
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Number of hours you intend to work in the business: _____ hours per week.

Would you employ a full time manager? _____

Why are you interested in a Video Re-Fit Shop Franchise? _____

If awarded a Video Re-Fit Shop franchise, when would you like to open your business? _____

General area where you prefer a franchise:

City

Prov.

City

Prov.

No franchise is being offered or sold by means of this document, which is only an application. No monies are to be submitted with this application. An offer to purchase a franchise can only be made after you have reviewed disclosure information . The undersigned (s) hereby authorize the release of any and all information by the above listed references as may be pertinent to this application.

Applicant (and Spouse/Partner, where applicable)

Date _____ Signed _____

Date _____ Signed _____