



Confidential Franchisee Application

All information provided on this form will be treated in a strictly confidential manner. Grade Math Programs utilizes the information provided on this form for the sole purpose of evaluating prospective franchisees.

PERSONAL DATA:

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: Home: _____ Email: _____

Have you ever been convicted of an offence? Yes No

If yes, particulars: _____

In the past 36 months, have you been involved in any type of civil or criminal litigation? Yes No

If so, please provide details: _____

EDUCATION:

COLLEGE/UNIVERSITY:	
LOCATION:	
COURSE OF STUDY:	
YEAR COMPLETED:	DEGREE OR DIPLOMA:
HIGH SCHOOL:	
LOCATION:	
COURSE OF STUDY:	
YEAR COMPLETED:	DEGREE OR DIPLOMA:
OTHER:	
LOCATION:	
COURSE OF STUDY:	
YEAR COMPLETED:	DEGREE OR DIPLOMA:

Highest level of math attained: _____

Native language: _____

Other languages spoken: _____

Other languages written: _____



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EMPLOYMENT AND BUSINESS HISTORY:

(Start with present or most recent employer. Attach a résumé.)

COMPANY NAME:	
ADDRESS:	
PHONE:	SUPERVISOR'S NAME:
DATE EMPLOYED: FROM: TO:	POSITION:
DUTIES:	
COMPANY NAME:	
ADDRESS:	
PHONE:	SUPERVISOR'S NAME:
DATE EMPLOYED: FROM: TO:	POSITION:
DUTIES:	
COMPANY NAME:	
ADDRESS:	
PHONE:	SUPERVISOR'S NAME:
DATE EMPLOYED: FROM: TO:	POSITION:
DUTIES:	
COMPANY NAME:	
ADDRESS:	
PHONE:	SUPERVISOR'S NAME:
DATE EMPLOYED: FROM: TO:	POSITION:
DUTIES:	

Do you now own, or have you ever owned any franchise? Yes No

If yes, which franchise: _____

Do you now own, or have you ever owned any business? Yes No

If yes, please describe: _____

Are you a partner in any other business venture? Yes No

If yes, please describe: _____

Have you ever worked in the education industry? Yes No

If yes, give details: _____



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BUSINESS REFERENCES:

NAME:	POSITION:
COMPANY:	RELATIONSHIP:
ADDRESS:	
TELEPHONE:	YEARS KNOWN:
NAME:	POSITION:
COMPANY:	RELATIONSHIP:
ADDRESS:	
TELEPHONE:	YEARS KNOWN:

PERSONAL REFERENCES (NOT RELATIVES):

NAME:	RELATIONSHIP:
ADDRESS:	
PHONE NUMBER:	YEARS KNOWN:
NAME:	RELATIONSHIP:
ADDRESS:	
PHONE NUMBER:	YEARS KNOWN:

GENERAL:

When can you start? _____

How many hours per week will you devote to this business: _____

What is your business objective: _____

Prioritize the 3 locations you prefer: 1. _____

2. _____

3. _____

Where did you first hear about Grade Math Programs? _____

Why would you make a strong, contributing Grade Math Programs franchisee? _____

If you were awarded a franchise, what would you do to make it a success? _____



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GRADE MATH PROGRAMS AUTHORIZATION AND RELEASE OF PERSONAL INFORMATION:

The above information is true to the best of my knowledge. The falsification or withholding of any information will give Grade Math Programs cause for terminating the application process, or if discovered after you obtain a franchise, terminating the franchise. It is expressly understood that this application is not binding upon Grade Math Programs. This questionnaire is intended to assist in evaluating my personal and financial qualifications for a Grade Math Programs franchise.

I, _____, authorize Grade Math Programs to verify any and all data submitted and to make any additional investigation that is deemed necessary or advisable. This includes, but is not limited to, my credit and financial information, credentials and background character. You authorize that a photocopy or facsimile may be accepted with the same authority as the original.

Grade Math Programs agrees to maintain and restrict the use of this information.

For identification purposes:

Print name of applicant: _____

Driver's license number and province: _____

Date of birth: _____ Place of birth: _____

Signature: _____ Date: _____

Witness: _____ Date: _____