



STANDARD QUALIFICATION QUESTIONNAIRE

CONFIDENTIAL

All Fields are REQUIRED

Last Name:
Address:
Phone:
Fax:
Email:

**FOR MORE DETAILED INFORMATION VISIT US ONLINE AT
<http://www.a-pro.net> OR CALL: 1 (800) 793-2776**

Please fill out this form electronically. When finished, save it using YourName.PDF to your desktop. Return it to President@A-Pro.net for pre-approval of your franchise award.

PERSONAL AND BUSINESS INFORMATION

First Name:	Last Name:	Date of Birth:
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Address:	City:	State:	Zip Code:
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Own	Rent	How Long:
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Citizen:	Yes	No	Social Security #: <small>You may opt to give your S.S. number via phone.</small>
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Home Phone:	Business Phone:	Best time to call:
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Marital Status:	S	M	D	W	If married, spouses' name and occupation
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Number of children/dependents:

Education:	High School	College	Master's	Ph.D.	Other
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How did you learn about A-Pro?

Current Business Employment:	Responsibilities: (please attach Resume, if available):
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Most recent annual income:

Have you ever owned your own business?	Yes	If yes, what type?	No
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How long have you been looking for a business?
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Area Preferred?	City/State:	1 st :	2 nd :	3 rd :
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What professional affiliations and hobbies do you have?

What is your time frame for starting your business?

What attracts you to business ownership and what are you looking for or expecting in owning your own business?

Please check the six to ten attributes which best describe you?

Amiable	Growth Oriented	Persuasive
Bottom Line	Focused	Reliable
Compassionate	Hard working	Results driven
Competitive	Impatient	Risk taker
Conservative	Intuitive	Spontaneous
Considerate	Independent	Strong willed
Controlling	Leader	Supportive
Diplomatic	Loyal	Thinker
Direct	Money Oriented	Traditional
Eccentric	Open Minded	Understanding
Enterprising	Opinionated	Unique / different
Flexible	Outgoing	

What do you like *most* about your past jobs or businesses?

What do you like *least* about your past jobs or businesses?

What do you consider your greatest achievement?

On the basis of your past experience, your strengths are:

On the basis of your past experience, your weaknesses are:

Would you enjoy owning a business where you: Check all that apply.		
Consult	Sell	Market your product or service

How do you rate your sales ability or interest?				
Very Weak	Weak	Average	Strong	Very Strong

How will you know when you have found the right business?

Additional information that would help identify a business suited to your personal and financial goals:

Are you interested in multiple units?

Would you be involved on a part-time or full-time basis?	
How many hours can you devote per week?	Days per week?

Would friends or family be involved in your business?
If so, whom?

How soon do you want to be trained for your new business?

Please check then rank, in order, the six to ten things that are most important to you (1 being most important, 2 next and so on).

Integrity	Accomplishment	Freedom
Family	Contribution	Results
Success	Independence	Prestige
Fulfillment	Creativity	Competition
Fun	Growth	Recognition

Money	Security	Happiness
Challenge	Control	Health
Relationship	Honesty	Flexibility

FINANCIAL INFORMATION

(Please attach prepared financial statement, if available.)

ASSETS	LIABILITIES
PLEASE MAKE SURE TO ENTER A ZERO OR AMOUNT FOR EACH CATEGORY	
Cash in Checking accounts:	Notes payable to banks:
Cash in Savings accounts:	Notes payable to finance companies:
Stocks and Bonds:	Charge accounts:
IRA:	Credit Cards:
401K:	Taxes payable:
Cash Surrender Value of Life Insurance:	Owing on life insurance:
Real estate value, home:	Mortgage on Residence:
Real estate value, other:	Mortgage Other:
Autos:	Due on Autos:
Other Vehicles:	Due on other Vehicles:
Your own business:	Other liabilities:
Appraised collectibles:	
Money due you:	
Other assets:	
TOTAL ASSETS: \$	TOTAL LIABILITIES: \$

Net Worth- Total Assets minus Total Liabilities:

Liquid Capital:

Total Investment:

Do you have a financial partner or any other personal source of investment capital?		
Yes	No	If yes, please explain:

Income expected:	After 1 st year:	After 2 nd year:	After 3 rd year:
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I UNDERSTAND THAT THIS IS NOT A CONTRACT AND THIS FORM INCURS NO OBLIGATION ON EITHER PARTY.

All the information stated here is a true and correct representation of my personal and financial condition. It is understood that the purpose of this questionnaire is to compile general information and that it is in no way binding upon either A-Pro or the candidate.

Certification

By choosing to submit this form electronically, I certify and agree that by entering my name in the space below, I bind and legally obligate myself to the same extent as I would by signing my name on a printed paper version of this form.

Signature
(Must be signed or typed electronically)

Do you know anyone who would benefit from an A-Pro franchise? If so, may we contact them?	
Name:	Phone:

A	E	B	SC	For office use only

To initiate the approval processes our preferred method is to email a completed copy of this form to: President@A-Pro.net