



# WORK HISTORY/BUSINESS AFFILIATIONS

## **Section I**

Full Legal Name \_\_\_\_\_

## **Section II EDUCATION**

Name and Location	Year Graduated	Major or Degree
High School _____		
College _____		
Graduate or Professional School _____		

## **Section III EMPLOYMENT HISTORY / BUSINESS REFERENCES**

1. Company \_\_\_\_\_ City, State \_\_\_\_\_  
 Type of Business \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
 Position / Responsibilities \_\_\_\_\_

**May we contact this company?**  Yes  No

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

2. Company \_\_\_\_\_ City, State \_\_\_\_\_  
 Type of Business \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
 Position / Responsibilities \_\_\_\_\_

**May we contact this company?**  Yes  No

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

3. Company \_\_\_\_\_ City, State \_\_\_\_\_  
 Type of Business \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
 Position / Responsibilities \_\_\_\_\_

**May we contact this company?**  Yes  No

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

## **Section IV PERSONAL REFERENCES**

Name	Telephone Number	Association
1. _____		
2. _____		
3. _____		





# WORK HISTORY/BUSINESS AFFILIATIONS (cont'd)

## Section V FRANCHISE OWNERSHIP

Are you currently or have you ever been a franchisee with another company? Yes \_\_\_\_\_ No \_\_\_\_\_

Franchise Name                      Address/City, State                      Dates with Franchise                      Active / Inactive                      Your Role in Company

<u>Franchise Name</u>	<u>Address/City, State</u>	<u>Dates with Franchise</u>	<u>Active / Inactive</u>	<u>Your Role in Company</u>

## Section VI BUSINESS ENTITY OWNERSHIP

1. Name of Business Entity \_\_\_\_\_ Date of Organization/Incorporation \_\_\_\_\_  
 Address of Business \_\_\_\_\_  
 Type of Entity:  Sole Proprietorship  Limited Liability Company  Corporation  Limited Partnership  Partnership  
 Primary Business Performed by Entity \_\_\_\_\_  
 Your Role within the Entity \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_

2. Name of Business Entity \_\_\_\_\_ Date of Organization/Incorporation \_\_\_\_\_  
 Address of Business \_\_\_\_\_  
 Type of Entity:  Sole Proprietorship  Limited Liability Company  Corporation  Limited Partnership  Partnership  
 Primary Business Performed by Entity \_\_\_\_\_  
 Your Role within the Entity \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_

3. Name of Business Entity \_\_\_\_\_ Date of Organization/Incorporation \_\_\_\_\_  
 Address of Business \_\_\_\_\_  
 Type of Entity:  Sole Proprietorship  Limited Liability Company  Corporation  Limited Partnership  Partnership  
 Primary Business Performed by Entity \_\_\_\_\_  
 Your Role within the Entity \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_

4. Name of Business Entity \_\_\_\_\_ Date of Organization/Incorporation \_\_\_\_\_  
 Address of Business \_\_\_\_\_  
 Type of Entity:  Sole Proprietorship  Limited Liability Company  Corporation  Limited Partnership  Partnership  
 Primary Business Performed by Entity \_\_\_\_\_  
 Your Role within the Entity \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_

**Continue onto another sheet if you have additional Entity information**

