



WOK BOX CONFIDENTIAL FRANCHISE APPLICATION

PERSONAL INFORMATION		
First name	Last name	Middle Initials
Street address		Apt
City	Province	Postal Code
Home Phone	Work Phone	Cell Phone
Fax	Email Address	Date
Are you a Canadian citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a landed immigrant? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you bondable?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been employed by Wok Box?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, where, when and who was your supervisor?
<hr/> <hr/> <hr/> <hr/> <hr/>		
Marital Status	Spouse's Name	Spouse's Occupation

EMPLOYMENT HISTORY		
Company	Phone	
Address	Supervisor	
Job Title	# of Employees Supervised	Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company	Phone	
Address	Supervisor	
Job Title	# of Employees Supervised	Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

EDUCATION					
High School		City		Province	
From	To	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
College		City		Province	
From	To	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree
University		City		Province	
From	To	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

BUSINESS EXPERIENCE AND PLANNING

How did you learn about Wok Box?

Why are you interested in Wok Box?

Describe any training in management, sales or business.

Will you devote 8 weeks for training? If no, how much?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	When can you start?
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Do you intend to devote yourself full-time to the day-to-day operations of the business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, please provide explanation and details how you will oversee the business: PLEASE PROVIDE AS SEPARATE SHEET
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Do you plan to have a business partner(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please list name(s) below:
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First Name _____ Last Name _____ Will he/she be active? Y <input type="checkbox"/> N <input type="checkbox"/>	First Name _____ Last Name _____ Will he/she be active? Y <input type="checkbox"/> N <input type="checkbox"/>	First Name _____ Last Name _____ Will he/she be active? Y <input type="checkbox"/> N <input type="checkbox"/>	First Name _____ Last Name _____ Will he/she be active? Y <input type="checkbox"/> N <input type="checkbox"/>
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Please fully explain how the business partnership will be structured.

Have you seen an existing Wok Box? If yes, where?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Will your franchise investment come from your own capital?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Have you (and if applicable, partners, officers, directors or shareholders) ever declared bankruptcy or reorganized due to insolvency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain: PLEASE PROVIDE AS SEPARATE SHEET
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Geographical location preferences:

1) _____ 2) _____ 3) _____

What is the timeframe to open your Wok Box? o - 6 Months 6 - 12 Months 1 - 2 Years 2+ Years <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Would you be willing to relocate? Desired income first year? \$ Annual income in 5 years? \$ What is your targeted start date?
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PERSONAL FINANCIAL INFORMATION			
ASSETS		LIABILITIES	
Cash on Hand and in Banks	\$	Bank Notes - Secured and Unsecured	\$
Canada Government Securities	\$	Notes, Loans, Advances, Accounts Payable	\$
Trade Accounts and Loans Receivable	\$	Credit Card Debt	\$
Notes Receivable - Secured and Unsecured	\$	Loan Against Life Insurance	\$
Life Insurance - Cash Surrendered Value	\$	Property Tax and Assessments Payable	\$
Stocks and Bonds - Marketable and not Real Estate	\$	Mortgage Payable on Real Estate	\$
Automobiles - Market Value	\$	Federal and State Taxes on Current Income	\$
Other Assets, Property or Investments (Itemize Below)		Other Debts (Itemize Below)	
	\$		\$
	\$		\$
	\$		\$
	\$		\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
ANNUAL SOURCE OF INCOME	\$	NET WORTH	\$
Salary	\$	Total Assets	\$
Bonus and Commissions	\$	Less Total Liabilities	\$
Dividends and Interest	\$	NET WORTH	\$
Real Estate Income	\$		
Business Profession Income	\$		
Other Income (Itemize Below)	\$		
	\$		
	\$		
TOTAL INCOME	\$		

Thank you for your interest in Wok Box!

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

By signing this application, I attest to the accuracy of the information contained in this confidential application. I authorize **Wok Box** or its agents to verify the data submitted, to obtain a consumer credit report and to make such additional credit, background, criminal or character checks, that it deems necessary or advisable.

I, further authorize **Wok Box** or its agents to contact present or past employers, schools, financial institutions, law enforcement agencies and any other person, firm, corporation or source. I authorize any such source to provide **Wok Box** or its agents all information concerning me, and I hereby agree to release any such source and its agents and employees from all liability for providing this information. I understand such reports may contain information concerning my education, employment, work habits, character or skill, criminal and credit history.

Wok Box agrees to maintain all information collected in a confidential manner and restrict the use of any information contained or obtained in connection with this application for a **Wok Box** franchise. I authorize **Wok Box** to release to prospective financing sources any information concerning me that may be requested by them.

By signing this application, I certify that the above statements are true and accurate.

Signature	Print Name	Date
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PLEASE RETURN COMPLETED FORM TO:



WOK BOX FRANCHISE DEVELOPMENT
 106-19353 22ND AVE
 SURREY, BC V3Z 3S6 CANADA

T: 778.545.0233
F: 778.545.0288
E: FRANCHISING@WOKBOX.CA