

Franchise Application



We are excited that you are considering business ownership with one of the HomeTask brands of service. Providing the following information will help us to evaluate your qualifications as a prospective franchisee. This form places no obligation on either party. Upon receipt, we will send more detailed information on becoming a Franchise Partner. Other than a spouse, each co-applicant must fill out a form. All information is for internal use only and will be held with confidence.

NOTE: We strongly recommend that spouses and/or other business owners to attend HomeTask LaunchCAMP.

Please return this form to the person that gave it to you or to:

Email: franchise@hometask.com
Attn: Franchise License
Consideration

Fax: (206) 763-6883
Attn: Franchise Licensing
Team

Mail: HomeTask.com Franchise Licensing Team
611 SW 152nd St.
Seattle, WA 98166

Section 1: PERSONAL INFORMATION

Name: _____ Date of Birth: _____ Social Security # _____

Home Address: _____

City, State/Province, Postal/Zip Code: _____

Day Time Phone: (____) _____ Evening and/or Weekend Phone: (____) _____

Cell Phone: (____) _____ Best contact number is: _____ Best time to call is: _____

Email: _____ Current residence is: Owned Rented How long? _____

Are you a US citizen? Yes No if not, what country? _____ Clothing size: _____

Do you have a current driving license? Yes No License # _____ Do you smoke? Yes No

Marital Status: Single Married Widow Divorced Spouse's Name: _____

Section 2: EDUCATION

Name of High School(s) _____ Did you graduate? No Yes, what year? _____

University or College(s) Attended: _____

Did you graduate? No Yes, what year? _____ Major(s): _____ Degree(s): _____

Any other specialty training or certificates? No Yes- if yes, describe: _____

Section 3: EMPLOYMENT HISTORY (for last 10 years)

Currently, you are: Employed Full-time Employed Part-time Self-Employed Unemployed Retired

Please list current/most recent position(s) first

1. Company Name _____ City, State/Province _____
Type of Business _____ Job Title _____
Duties/responsibilities _____

Start Date _____ Leave Date _____ Reason(s) for leaving _____

2. Company Name _____ City, State/Province _____
Type of Business _____ Job Title _____
Duties/responsibilities _____

Start Date _____ Leave Date _____ Reason(s) for leaving _____

3. Company Name _____ City, State/Province _____
Type of Business _____ Job Title _____
Duties/responsibilities _____

Start Date _____ Leave Date _____ Reason(s) for leaving _____

Section 4: SPOUSE'S INFORMATION

Spouse's Education: High School Graduate Yes No College Graduate Yes No

Any other specialty training or certificates? No Yes- if yes, describe: _____

Current Work Status: Employed Full-time Employed Part-time Self-Employed Unemployed Retired

Most recent position:

Company Name _____ City, State/Province _____

Type of Business _____ Job Title _____

Duties/responsibilities _____

Start Date _____ Leave Date _____ Reason(s) for leaving _____

Section 5: BUSINESS OWNERSHIP INFORMATION

Have you or your spouse ever owned a business- including networking or multi-level marketing? Yes No

If yes, please complete the following questions for each business owned:

1. Company Name _____ Type of Business _____ Full-time Part-time

Start Date _____ Your Role in the Business _____ Spouse's Role _____

Is this business currently active? Yes No- if no, when did it become inactive and why? _____

Average annual business income \$ _____ Average annual business expenses \$ _____

2. Company Name _____ Type of Business _____ Full-time Part-time

Start Date _____ Your Role in the Business _____ Spouse's Role _____

Is this business currently active? Yes No- if no, when did it become inactive and why? _____

Average annual business income \$ _____ Average annual business expenses \$ _____

Section 6: GENERAL INFORMATION

How did you hear about us? _____

What is your time frame for starting a franchise? _____

Who will run your franchise day-to-day? (Check all that apply) Self Spouse Co-applicant Other

(if other, please explain) _____

Which territory or region (using zip/postal code) are you interested in operating your franchise?

First Choice _____ Second Choice _____

Will your franchise be a full time commitment? Yes No

What career accomplishments have you done that qualify you to be successful at owning and operating a franchise?

(Use additional sheet if necessary) _____

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 and why? _____

Describe your life dreams and professional goals? *(Use additional sheet if necessary)* _____

Please rank 10 of the following things that are most important to you on a scale of 1-10
(1 being most important, 10 being least important)

- | | | | |
|--------------------|------------------|-----------------|-------------------|
| ___ Integrity | ___ Success | ___ Fun | ___ Challenge |
| ___ Accomplishment | ___ Independence | ___ Growth | ___ Control |
| ___ Freedom | ___ Prestige | ___ Recognition | ___ Health |
| ___ Family | ___ Fulfillment | ___ Money | ___ Relationships |
| ___ Contribution | ___ Creativity | ___ Security | ___ Flexibility |
| ___ Results | ___ Competition | ___ Happiness | ___ Honest |

Section 7: LEGAL

Are you a defendant in any legal action? No Yes- if yes, explain _____

Do you now or have you ever had any judgments or liens against you? No Yes- if yes, explain _____

Have you ever been charged with a felony? No Yes- if yes, explain _____

Are you or anyone in your immediate family currently under any form of non-competition agreement that limits your right to operate any business? No Yes- if yes, explain _____

Section 8: FINANCIAL DATA

Assets

Cash (Savings, Checking, Other) \$ _____
 Notes & Accounts Receivable \$ _____
 Marketable Stocks & Bonds \$ _____
 Automobiles \$ _____
 Life Insurance- Cash in Value _____
 Real Estate- Current Market Value \$ _____

Other Assets:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

Total Assets \$ _____

Liabilities

Credit Card Balances \$ _____
 Taxes Payable \$ _____
 Bills Payable \$ _____
 Loans Payable- Bank \$ _____
 Loans Payable to Friends/Family \$ _____
 Real Estate Mortgages \$ _____

Other Debts or Obligations:

Rent \$ _____
 _____ \$ _____
 _____ \$ _____

Total Liabilities \$ _____

Total Assets \$ _____ - Total Liabilities \$ _____ = Net Worth \$ _____

Other Sources of Income (annual income expected to continue after being awarded license):

Continuing salary from present employer \$ _____ Investments \$ _____
 Pension/Social Security \$ _____ Interest/Annuities \$ _____
 Real Estate \$ _____ Other Income \$ _____

Describe Other Income _____

Total Annual Income _____

How much available capital do you have available to invest in a HomeTask franchise? \$ _____

How long can you support yourself without taking money from the business? _____

Please use this space to add any comments or questions: _____

Section 9: REFERENCES

REQUIRED INFORMATION: Please provide at least 4 references that we can contact to discuss your application, business and personal history. Should consist of *personal references (non- family member), business references and people that have been customers.*

Feel free to include pictures or describe projects or letters or recommendation.

Contact name	leave this section blank
Business name:	
Relationship to reference:	
Contact phone:	
Contact e-mail:	
Length of relationship:	

Contact name:	leave this section blank
Business name:	
Relationship to reference:	
Contact phone:	
Contact e-mail:	
Length of relationship:	

Contact name:	leave this section blank
Business name:	
Relationship to reference:	
Contact phone:	
Contact e-mail:	
Length of relationship:	

Contact name:	leave this section blank
Business name:	
Relationship to reference:	
Contact phone:	
Contact e-mail:	
Length of relationship:	

Section 10: APPLICANT’S AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize HomeTask, its employees, agents, investigation vendors, professional investigators, or any representative of the above named company, to perform investigations into my background, past behavior, character, and reputation.

Investigative reports may include criminal history or arrest records, workers’ compensation histories, motor vehicle records, employment and unemployment records, military records, or other sources of information.

I authorize custodians of the records of any agency or company as described herein to release such information upon request of any investigator, agent, or representative of the Company named above. I understand that any or all of these investigations or inquiries can be performed prior to and periodically throughout the duration of my employment.

EDUCATION - I authorize schools, colleges and all scholastic institutions to release any and all information requested. This includes transcripts, grades, attendance records, and any other information requested.

EMPLOYMENT – I authorize all former and current employers to release any and all information regarding my employment history. This includes all information contained in my personnel file, salary history, condemnations, and all other pertinent information. I further authorize my supervisors and other work associates to disclose their opinions and observations of my work habits, qualities, competency, and skills. Furthermore, I authorize full disclosure of any and all substance abuse testing results.

CREDIT – I authorize the above company to obtain a credit report on me and understand that if I am denied due to credit, I can, according to the Fair Credit Reporting Act, get a copy of my credit report from the credit wholesaler.

I understand that the information requested is for the use by the Company named above and may be re-disclosed only as authorized by law. I understand that I have the right to request from the Company a written disclosure of the nature and scope of the investigation conducted that I authorized above if: (1) Any adverse action/decision is made based on the information in the consumer report & (2) If the request is made in writing within 60 days of the adverse action. If an Investigative Consumer Report has been conducted, I will be notified in writing within five days of receipt of my request for said report.

I believe to the best of my knowledge that all information I have provided is accurate, true, and correct and that I fully understand the terms of this release. I indemnify, release and hold harmless the Company, any agents of the Company, or others reporting to or for the Company, any investigators, all former employers, reporting agencies, and all those supplying references and character references, from any and all claims, defamation, demands, and/or liabilities arising out of, or related to, such investigators, disclosures, or admissions.

Copies and facsimile transmissions of this authorization that show my signature are as valid as the original release signed by me.

TO BE COMPLETED BY APPLICANT ONLY

Last Name	First Name	MI	Date of Birth	Race	Sex	Soc. Sec. #	
Place of Birth (City/State)	Home Street Address		City	State	Zip	Drivers License #	
Other Last Names Used	Other States and Counties I have lived in.....		State	County	Zip	From (Yr)	To (Yr)
		1					
		2					
		3					
		4					

Applicant Name (Printed)

Applicant Signature

Date

Client Signature

Date