



Confidential Evaluation Report

Franchise Application

Personal Information

Name		Home Tel	
Residence Address		Mobile Tel	
City		Business Tel	
State/Zip Code		May we contact you at your business phone? Yes No	
Social Security No.		Diver License No.	
Date of Birth		E-mail Address	
Spouse's Name		Spouse SSN.	
Names and Ages of Children			
<ol style="list-style-type: none"> 1. Have you ever been convicted of anything other than minor traffic violations? (Yes/No) 2. Has any judgment ever been entered against you or your company or your employer where you were one of the litigants? (Yes/No) 3. Are you involved in pending litigation? (Yes/No) If yes, explain: 4. Have you or your spouse ever declared personal bankruptcy? (Yes/No) If yes, explain: 5. Of which country are you a citizen? 			

Education

Name of College and/or Postgraduate School	Degree/Major	Year Graduated

Business Experience

Present Company Name		Present Company Address	
Present Position		Dates Employed	
Duties/Responsibilities/ No. of Subordinates			
Previous Company Name (most recent first; attach additional sheet if necessary)		Previous Company Address	
Previous Position		Dates Employed	
Duties/Responsibilities/ No. of Subordinates		Reason for Leaving	

Personal Financial Information

Income for the 12 month ending _____	
Salary, wages, bonus, commissions	\$
Dividends, interest	\$
Other income (specify sources, e.g. business profits, trust, spouse etc.)	\$
TOTAL	\$

Balance Sheet as of _____

Assets		Liabilities	
Cash on hand & in Banks	\$	Loans, Notes/Accounts Payable	\$
Vested Profit Sharing	\$	Real Estate Mortgages	\$
Securities, Bonds, Debentures	\$	Other Debts or Obligations	\$
Real Estate – current Market Value	\$		
Notes, Accounts Receivable	\$		
Net Value of Business Interests	\$	Total Liabilities	\$
Automobiles, Personal Property etc.	\$	Net Worth = Total Assets – Total Liabilities	\$
Total Assets	\$	Total Liabilities and Net Worth	\$

Miscellaneous Information

List any hobbies, community activities, special interests or other pertinent information.

Are you related by blood or marriage to any officer of PEL Learning Center, Inc.? If so, please state name and relationship.

Which city are you interested in conducting a PEL Franchise?

Have you ever applied for a PEL Franchise?

Have you ever worked for a PEL Learning Center? If so, please state duties and responsibilities.

Will you devote full time to this business?

Personal References (other than employers or relatives)

Name in Full	Telephone/Email	Occupation	Years Known

Signature

Signature	
Name	
Date	