

Confidential Personal Profile Questionnaire

To protect your investment, The Maids International, Inc. dba The Maids Home Services evaluates all prospects. Please complete all sections of this form and return it immediately in the enclosed business reply envelope, or fax it to **402-558-1437 Attention Kristi Benning**. Your information will be held in the strictest of confidence and neither party will be under any obligation. This is not a contract. Please print or type your responses. Thank you.

PERSONAL INFORMATION

NAME: LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

ADDRESS: STREET CITY STATE ZIP CODE

() () ()
RESIDENCE TELEPHONE CELL TELEPHONE FAX NUMBER

WHEN IS MOST CONVENIENT TIME TO CALL EMAIL ADDRESS

/ / YES NO
DATE OF BIRTH (Month /Day/ Year) U.S. CITIZEN IF NOT WHAT COUNTRY

MARITAL STATUS _____

SPOUSES NAME: LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

/ / YES NO
SPOUSE DATE OF BIRTH (Month /Day/ Year) U.S. CITIZEN IF NO WHAT COUNTRY

SPOUSE PRESENT EMPLOYER SPOUSE OCCUPATION & TITLE

NAMES AND AGES OF CHILDREN

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED:

HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4

LIST NAME(S) OF COLLEGES/UNIVERSITIES ATTENDED AND DATES ATTENDED

LIST DEGREE(S) OTHER EDUCATION COMPLETED & DATES

BUSINESS HISTORY

PRESENT EMPLOYMENT

COMPANY _____ ADDRESS _____ CITY _____ STATE _____ TELEPHONE NUMBER _____ ()

START DATE OF EMPLOYMENT _____ JOB TITLE _____

BRIEF DESCRIPTION OF RESPONSIBILITIES _____

CURRENT SUPERVISOR _____ YES _____ NO _____
MAY WE CONTACT _____

PRIOR EMPLOYMENT

COMPANY _____ ADDRESS _____ CITY _____ STATE _____ TELEPHONE NUMBER _____ ()

START DATE _____ DEPARTURE DATE _____ REASON FOR LEAVING _____

JOB TITLE _____ DEPARTING ANNUAL SALARY _____ OTHER INCOME (BONUS) _____

BRIEF DESCRIPTION OF RESPONSIBILITIES _____

PRIOR SUPERVISOR _____ YES _____ NO _____
MAY WE CONTACT _____

DO YOU, OR HAVE YOU EVER OWNED ANY OTHER BUSINESS NOT LISTED ABOVE _____ IF SO WHAT _____

WHAT IS YOUR STRONGEST BUSINESS APTITUDE ___SALES ___MARKETING ___ADMINISTRATION ___ACCOUNTING

LIKED MOST ABOUT JOB OR BUSINESS _____

LIKED LEAST ABOUT JOB OR BUSINESS _____

YOUR GREATEST ACHIEVEMENT _____

YOUR STRENGTHS ARE _____

YOUR WEAKNESSES ARE _____

INTERESTS & HOBBIES

HOBBIES, SPORTS & RECREATIONAL INTERESTS _____

SCHOLASTIC OR FRATERNAL ORGANIZATIONS YOU BELONG TO _____

FINANCIALDO YOU OWN OR RENT YOUR HOME OWN RENT

MONTHLY MORTGAGE/RENT \$ _____ MORTGAGE/RENT PAYABLE TO _____

YEARS LIVED AT PRESENT ADDRESS _____ YEARS LIVED IN PRESENT CITY _____

DO YOU OWN AUTOMOBILES – MAKE & YEAR _____

NAME OF YOUR BANK _____ NAME OF YOUR BANKER _____

ADDRESS OF BANK _____ TELEPHONE NUMBER (____) _____

HOW LONG HAVE YOU BANKED THERE _____ MAY WE CONTACT YOUR BANK? YES NOTYPE OF ACCOUNTS CHECKING SAVINGS RETIREMENT

HAVE YOU EVER DECLARED BANKRUPTCY, IF SO WHERE & WHEN _____

AMOUNT OF CASH YOU INTEND TO INVEST IN BUSINESS \$ _____ METHOD OF FINANCING _____

DO YOU HAVE A FINANCING SOURCE? YES NO FINANCING SOURCE _____**ASSETS**

Cash on Hand & in Banks \$ _____

US Government Securities \$ _____

Listed Securities & Current Market Value \$ _____

Unlisted Securities \$ _____

Owned Automobiles & Personal Property \$ _____

Cash Value Life Insurance \$ _____

Retirement Plans & IRA's \$ _____

Real Estate Owned \$ _____

Other Assets \$ _____

TOTAL ASSETS \$ _____

LIABILITIES

Notes Payable to Bank \$ _____

Unpaid Income Tax \$ _____

Real Estate Mortgages Payable \$ _____

Chattel Mortgages & Other Liens Payable \$ _____

Other Debts Itemized \$ _____

Notes Payable \$ _____

Total Credit Card Debt \$ _____

Other Liabilities \$ _____

TOTAL LIABILITIES \$ _____

NET WORTH \$ _____

INCOME – SELF

Current Annual Salary \$ _____

Bonus Income \$ _____

Other Income \$ _____

TOTAL INCOME \$ _____

INCOME – SPOUSE

Current Annual Salary \$ _____

Bonus Income \$ _____

Other Income \$ _____

TOTAL INCOME \$ _____

GENERAL

DO YOU PLAN TO OPERATE THIS BUSINESS YOURSELF YES NO IF NOT, WHO WILL _____

DO YOU INTEND TO HAVE A PARTNER YES NO IF YES, WHO _____

DO YOU HAVE A PREFERENCE AS TO THE AREA, OR CITY WHERE YOU WOULD LIKE TO HAVE YOUR OFFICE LOCATED, IF SO
WHERE: _____

PLEASE LIST IN ORDER THE AREAS OF PREFERENCE:

1. CITY _____ STATE _____ COUNTY _____

2. CITY _____ STATE _____ COUNTY _____

3. CITY _____ STATE _____ COUNTY _____

4. CITY _____ STATE _____ COUNTY _____

5. OTHER _____ COUNTRY _____

WHY DO YOU WISH TO PURCHASE A FRANCHISE RATHER THAN BECOMING SOMEONE'S EMPLOYEE OR STARTING YOUR OWN
BUSINESS _____

IF YOUR APPLICATION IS APPROVED, WHEN WOULD YOU WANT TO OPEN YOUR BUSINESS _____

THROUGH WHAT SOURCE DID YOU HEAR OF US _____

WHAT PROFESSIONAL GOALS HAVE YOU SET FOR YOUR FUTURE _____

This application authorizes The Maids International, Inc. to contact persons or businesses in regard to the information herein.

Signature

Date

Print Your Name

4820 Dodge Street
Omaha, NE 68132
Phone: 402-558-5555
Fax: 402-558-1437



THIS IS NOT A CONTRACT