***Pre-Qualification Questionnaire (Confidential)***

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| **Name:** |  | **Date:** |  |
| **Address:** | | **Date of Birth:** |  |
|  | | **Country of Origin:** |  |
| **Citizenship:** |  |
| **Telephone Day:** |  | **Cell Phone:** |  |
| **Telephone Evening:** |  | **Email:** |  |
| **Have you ever lived in other States/Provinces in the last 10 years?** If YES, please list them. | | | |
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| **Please answer all the questions on this form. Please print or type clearly.**  **The completion of this form does not obligate you in any fashion.** |

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| **How did you first hear about this opportunity?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **In what Market/City would you like to setup your business?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Choice #1** | | |  | | | | | | | | | | | **Choice #2** | | | | | | | | | |  | | | | | | | | | | | **Choice # 3** | | | | | | |  | | | | | | | | |
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| **What is your Educational Background?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **What is your Occupational Background?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Occupation: | | | | |  | | | | | | | | | | | | | | | | | Number of Years: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Organization: | | | |  | | | | | | | | | | | | | | | | | | Position: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Past Occupation: | | | | |  | | | | | | | | | | | | | | | | | Number of Years: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Organization: | | | |  | | | | | | | | | | | | | | | | | | Position: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
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| **What personal goals would you like to achieve by owning your own business?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Rank the following as most important with a 1 and the least with a 10. Use numbers 1 through 10 only once.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *Build my own business* | | | | | | | | | | | | | |  | | | *Control my future* | | | | | | | | | | | | | | | | |  | | | *Be my own boss* | | | | | | | | | | | |
|  | *Control my income level* | | | | | | | | | | | | | |  | | | *Family involvement* | | | | | | | | | | | | | | | | |  | | | *Community involvement* | | | | | | | | | | | |
|  | *Flexible time* | | | | | | | | | | | | | |  | | | *Build to sell* | | | | | | | | | | | | | | | | |  | | | *Personal growth* | | | | | | | | | | | |
|  | *Other* ( ) | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **How would you rate the following business skills?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sales | | | | |  | | | | *Excellent* | | | | | |  | | | *Very Good* | | | | | | | |  | *Good* | | | | |  | | *Fair* | | | | | | | |  | *Poor* | | | | | | |
| Management | | | | |  | | | | *Excellent* | | | | | |  | | | *Very Good* | | | | | | | |  | *Good* | | | | |  | | *Fair* | | | | | | | |  | *Poor* | | | | | | |
| Organization | | | | |  | | | | *Excellent* | | | | | |  | | | *Very Good* | | | | | | | |  | *Good* | | | | |  | | *Fair* | | | | | | | |  | *Poor* | | | | | | |
| Financial | | | | |  | | | | *Excellent* | | | | | |  | | | *Very Good* | | | | | | | |  | *Good* | | | | |  | | *Fair* | | | | | | | |  | *Poor* | | | | | | |
| Marketing | | | | |  | | | | *Excellent* | | | | | |  | | | *Very Good* | | | | | | | |  | *Good* | | | | |  | | *Fair* | | | | | | | |  | *Poor* | | | | | | |
| Customer Service | | | | |  | | | | *Excellent* | | | | | |  | | | *Very Good* | | | | | | | |  | *Good* | | | | |  | | *Fair* | | | | | | | |  | *Poor* | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you considering a partner in this business venture?** If YES, please explain who and what role they will assume: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **How soon would you like to start this business?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Immediately | | | | |  | | 3 to 6 Months | | | | | | | | |  | | | 7 to 12 Months | | | | | | | | |  | 1 year + | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What attracts you to owning your own business?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Have you ever owned your own business?** If YES, please describe this business: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **What motivates you to look for your own business at this point in your life?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please identify all the personal attributes that best describe you.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Amiable | | | |  | | Competitive | | | | | |  | | | Considerate | | | | | | |  | | Controlling | | | | | | |  | | Diplomatic | | | | | | | | | | |  | | Direct | | |
|  | Diligent | | | |  | | Flexible | | | | | |  | | | Modest | | | | | | |  | | Growth Oriented | | | | | | |  | | Hard Working | | | | | | | | | | |  | | Helpful | | |
|  | Intuitive | | | |  | | Independent | | | | | |  | | | Leader | | | | | | |  | | Loyal | | | | | | |  | | Money Oriented | | | | | | | | | | |  | | Motivated | | |
|  | Nurturer | | | |  | | Open Minded | | | | | |  | | | Outgoing | | | | | | |  | | Personable | | | | | | |  | | Persuasive | | | | | | | | | | |  | | Reliable | | |
|  | Results Driven | | | |  | | Risk Taker | | | | | |  | | | Spontaneous | | | | | | |  | | Teacher | | | | | | |  | | Team Player | | | | | | | | | | |  | | Understanding | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Which of these business characteristics interest you the most? Please check all that apply** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Retail | | | |  | | | | | Manufacturing | | | | | | | | |  | | Marketing | | | | | | | | | |  | | Managing Staff | | | | | | | | | | |  | | Sales | | | |
|  | Finance | | | |  | | | | | Technology | | | | | | | | |  | | Business to Business | | | | | | | | | |  | | Daily Operations | | | | | | | | | | |  | |  | | | |
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| **What amount of personal time are you willing to commit to this new business venture?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Weekdays (normally 1:00 PM to 9:00 PM) | | | | | | | | | | | | | | | | | | | | | |  | | | | Some Weekends & Evenings | | | | | | | | | | | | | | | | | | | | | | |
|  | | Weekdays & Evenings | | | | | | | | | | | | | | | | | | | | | |  | | | | Weekdays/Weekends/Nights | | | | | | | | | | | | | | | | | | | | | | |
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| **Roles you in which you feel proficient and would assume responsibility for to increase business profitability:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Inside Sales | | | | | | | | | |  | Outside Sales Prospecting | | | | | | | | | | | | | |  | Marketing | | | | | | | | | | | |  | | Customer Service | | | | | | | | |
|  | Managing Staff | | | | | | | | | |  | Networking | | | | | | | | | | | | | |  | Finance & Payroll | | | | | | | | | | | |  | | Inventory Control | | | | | | | | |
|  | Employee Scheduling | | | | | | | | | |  | Equipment management | | | | | | | | | | | | | |  | Teaching | | | | | | | | | | | |  | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What is one thing in your life that you have accomplished that gives you the most satisfaction?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **What is the one thing in your life that you have not been able to accomplish that gives you the most frustration?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **What would owning your own business allow you to do that you cannot do now?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **What is your Ninja Warrior Experience?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Years Teaching: | | | | |  | | | | | | | | | | | | | | | | | Years Competing: | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Place: | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Position: | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Age Groups Taught: | | | |  | | | | | | | | | | | | | | | | | | Events Competed in: | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Years as a Fan: | | | |  | | | | | | | | | | | | | | | | | | Shows watched: | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **What personal goals would you like to achieve by owning your own business?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| --- | --- | --- | --- |
| *Financial Information* | | | |
| Cash (Checking & Savings) |  | Notes Payable-Banks |  |
| Stocks/Bonds |  | Other: |  |
| Accounts/Notes Receivable |  | Other: |  |
| Real Estate-Home |  | Credit Card Debt |  |
| Other: |  |  |  |
| Other: |  |  |  |
| Automobiles |  | Automobile Debt |  |
|  |  | Other Accounts Payable |  |
|  |  |  |  |
| Personal Property & Furniture |  | Mortgage-Home |  |
| Retirement Accts: IRA |  | Line of Credit |  |
| 401 (k) |  | Other: |  |
| Other: Annuity Acct |  | Other: |  |
| Other: |  | Unpaid Real Estate Taxes |  |
| Other Assets - Itemize |  | Unpaid Income Taxes |  |
|  |  | Secured Loans |  |
|  |  | Other: |  |
|  |  | Other: |  |
| TOTAL ASSETS |  | TOTAL LIABILITIES |  |
| **NET WORTH:** | | | |

|  |  |
| --- | --- |
| **Yearly Income from Present Occupation** | $ |
| **Other Yearly Income** | $ |
| **Spouse’s Yearly Income** | $ |
| **Minimum Income needed to maintain current lifestyle** | $ |
| **Would this business be your only source of income?** |  Yes  No |
| If NO, please explain: | |
| **Do you intend to run this business yourself?** |  Yes  No |
| If NO, please explain: | |
| **Have you ever been convicted of a felony?** |  Yes  No |
| If YES, please explain: | |
| **Have you ever declared bankruptcy?** |  Yes  No |
| If YES, please explain: | |

I certify that the information I have submitted on this form is complete and correct. I understand that the information I am providing is confidential and will not be shared with anyone other than the franchise organization you are considering, without my permission and will be held in strict confidence. I understand that the franchise organization I am interested in may require additional personal information before I am granted a franchise. If there is a partner involved in this business, I understand that he/she/they may also be required to complete this form as well prior to being granted a franchise.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When completed, please return this form to Thomas Alberti via email to reallifegym@gmail.com.