***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** |  |
|  |
| **What is your Educational Background?** |
|  |
| **What is your Occupational Background?** |
| Current Occupation: |  | Number of Years: |  |
| Organization: |  | Position: |  |
| Past Occupation: |  | Number of Years: |  |
| Organization: |  | Position: |  |
|  |  |
| **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: |
|  |
| **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?** |
|  |
| **Have you ever owned your own business?** If YES, please describe this business: |
|  |
| **What motivates you to look for your own business at this point in your life?** |
|  |
|  |
| **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 |  |  |
|  |
| **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 |
|  |
| **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?** |
|  |
| **What is the one thing in your life that you have not been able to accomplish that gives you the most frustration?** |
|  |
| **What would owning your own business allow you to do that you cannot do now?** |
|  |
| **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.