# Confidential  candidate evaluation

*This is not a contract*

Name:_____

Phone: _____

# Personal Data & Business History

This is not a contract and does not obligate either party in any manner. All information will be held in complete confidence.

Date: _____ Name: _____
Home Telephone Number: ( ) _____
Address: _____
City, State, Zip Code: _____
Business Telephone Number ( )_____S.S.N. _____

## Personal Information

Date of birth: _____ Marital Status: _____
Spouse's Name : _____ Spouse's Occupation: _____
Children -Name(s) & Age(s):_____
Total Dependents: _____ General Health: _____
Are you a U.S. Citizen?: _____ If not, what country?: _____
Home: ( ) Own ( ) Rent How long?: _____
Last former residence: _____
What source prompted your inquiry?:

## Professional Experience

Company: _____ Address: _____
Division: _____ Employed from: _____ to _____
Describe responsibilities: _____
_____
_____

Company: _____ Address: _____
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_____
_____

# Personal Financial Statement

*Please answer all questions, using "No" or "None" where necessary.*

| Assets | Current |
|---|---|
| Cash on hand, and unrestricted in banks | $_____ |
| U.S. Government Securities | $_____ |
| Notes Receivable | $_____ |
| Life insurance, cash surrender value | $_____ |
| (Do not deduct Loans) | |
| Other Stocks and Bonds | $_____ |
| Real Estate | $_____ |
| Automobiles Registered in Own Name | $_____ |
| Other Assets (itemize) | |
| **Total Assets** | $_____ |

| Liabilities & Net Worth | Current |
|---|---|
| Notes payable to banks | $_____ |
| Notes payable to Others | $_____ |
| Loans Against Life Insurance | $_____ |
| Accounts Payable | $_____ |
| Interest Payable | |
| Taxes & Assessments Payable | $_____ |
| Mortgages Payable on Real Estate | $_____ |
| Brokers Margin Accounts | $_____ |
| Other Liabilities (itemize) | |
| **Total Liabilities** | $_____ |
| | |
| Total Assets—Total Liabilities = Net Worth | $_____ |

| Source of Income | Current |
|---|---|
| Salary (Annualized) | $_____ |
| Bonus and Commissions | $_____ |
| Dividends and Interest | |
| Real Estate Income | $_____ |
| Other Liabilities (itemize) | |
| | $_____ |
| Total Income | $_____ |
| Available Capital to invest in License | $_____ |

# References

Business References

1. Company Name: _____ Contact: _____
   Phone #s (  ) _____
   Address: _____
2. Company Name: _____ Contact: _____
   Phone #s (  ) _____
   Address: _____
3. Company Name: _____ Contact: _____
   Phone #s (  ) _____
   Address: _____

## Personal References

1. Name: _____ Phone # (  ) _____
   Address:_____
2. Name: _____ Phone # (  ) _____
   Address:_____
3. Name: _____ Phone # (  ) _____
   Address:_____

## Bank References *(please provide credit authorization letter)*

1. Bank: _____ Phone # (  ) _____
   Branch:_____ Address: _____
   Account #: _____ Type of Account: _____
2. Bank: _____ Phone # (  ) _____
   Branch:_____ Address: _____
   Account #: _____ Type of Account: _____
3. Bank: _____ Phone # (  ) _____
   Branch:_____ Address: _____
   Account #: _____ Type of Account: _____

## Other Parties Involved in Business

Partners or associates (other than spouse) who will join you in this venture must also complete one of these forms.

Name: _____

Address: _____

Home Telephone # (  )_____ Business Phone # (  )_____

Percent of Ownership _____ Will then devote full-time to the business? Yes ( ) No ( )

Please list additional partners or associates on separate sheet.

Submitted this _____ day of _____, 20____, By _____

## Education

Circle last year of school completed

High School (1) (2) (3) (4)
College (1) (2) (3) (4)
Post—Graduate (1) (2) (3) (4)
Professional Education Name _____ Yr Graduated _____ Degree_____
College _____ Post-Graduate _____
License _____ Special Certification _____

## General

Would you plan to spend full-time in this business?
Yes ( ) No ( ) If not, please explain your other obligations _____
_____
Have you ever failed in business or compromised with creditors?
Yes ( ) No ( ) If yes, please explain _____
_____

## Location Preferences

First Choice: City_____ State _____
Second Choice: City_____ State _____
Third Choice: City_____ State _____

Would you be willing to relocate? Yes ( ) No ( )

## Applicant

Please Read and Sign
It is understood that the purpose of this questionnaire is for information only and is in no way binding upon either the Company or the applicant. It is, however, understood that the applicant supplies this information contained herein to the best of his knowledge and ability and that the Company relies on this fact in assessing the desirability and qualifications of the applicant.

Submitted this _____ day of _____, 20____

By_____ (signature of applicant)