



## MICHAEL'S PIZZA FRANCHISE EVALUATION

**MICHAEL'S PIZZA RESPECTS THE PRIVACY OF YOUR INFORMATION. WE WILL USE THE INFORMATION YOU PROVIDE TO EVALUATE YOUR BUSINESS QUALIFICATIONS AS A MICHAEL'S PIZZA FRANCHISE. PLEASE FILL IN THE FOLLOWING INFORMATION AS COMPLETELY AS POSSIBLE.**

**PRIVACY POLICY** ALL INFORMATION PROVIDED IS KEPT CONFIDENTIAL AND WILL NOT BE DISCLOSED EXCEPT FOR PURPOSES OF VERIFICATION

### FRANCHISE EVALUATION FORM A

PLEASE ANSWER ALL QUESTIONS, PLEASE WRITE CLEARLY OR PRINT  
**PERSONAL INFORMATION**

LAST NAME		FIRST NAME		MIDDLE NAME		SOCIAL SECURITY NUMBER (optional)		
DATE OF APPLICATION / /		BIRTHDATE / /		AGE		TELEPHONE NUMBER ( )		
CURRENT ADDRESS			CITY		STATE		ZIP	
							HOW LONG?	
PREVIOUS ADDRESS			CITY		STATE		ZIP	
							HOW LONG?	
SINGLE		MARRIED		WIDOWED				
FULL NAME OF SPOUSE				OCCUPATION OF SPOUSE				
NAMES AND AGES OF DEPENDENT CHILDREN								

### APPLICANT'S BUSINESS PLANS

WILL THE BUSINESS BE OWNED AND OPERATED BY YOURSELF OR A GROUP?	
PLEASE EXPLAIN FULLY.	
AMOUNT OF CAPITAL AVAILABLE FOR THIS BUSINESS	
DESCRIBE FULLY – WHERE IS THE CAPITAL? Savings/Checking – Home – Stocks/Bonds - Vehicles – Life Insurance - Other Assets -	
TERRITORY FOR WHICH APPLICATION MADE	CREDIT SCORE
WHAT OTHER AREA(S) WOULD YOU CONSIDER?	

**EDUCATION**

PLEASE LIST ALL EDUCATION YOU HAVE RECEIVED INCLUDING HIGH SCHOOL, COLLEGE, MILITARY OR SPECIAL TRAINING.

NAME OF SCHOOL	DATES OF ATTENDANCE / / TO / /	MAJOR AND MINOR FIELDS	% OF EXPENSES EARNED
LOCATION OF SCHOOL	GRADE AVERAGE OR CLASS STANDING	DIPLOMA OR DEGREE	DATE OF GRADUATION
NAME OF SCHOOL	DATES OF ATTENDANCE / / TO / /	MAJOR AND MINOR FIELDS	% OF EXPENSES EARNED
LOCATION OF SCHOOL	GRADE AVERAGE OR CLASS STANDING	DIPLOMA OR DEGREE	DATE OF GRADUATION

**BUSINESS AND EXPERIENCE RECORD**

**GIVE A COMPLETE RECORD OF YOUR EXPERIENCE, BEGINNING WITH YOUR PRESENT OR LAST POSITION, INCLUDE MILITARY SERVICE, INDICATE BY ASTERISK (\*) THOSE EMPLOYERS YOU DO NOT WISH US TO CONTACT.**

HAVE YOU BEEN IN BUSINESS FOR YOURSELF			
NAME AND ADDRESS OF EMPLOYER			
POSITION, TITLE AND DUTIES			
DATES OF EMPLOYMENT FROM / / TO / /		SUPERVISOR'S NAME AND TITLE	
REASON FOR SEPARATION		BEGINNING SALARY	ENDING SALARY
NAME AND ADDRESS OF EMPLOYER			
POSITION, TITLE AND DUTIES			
DATES OF EMPLOYMENT FROM / / TO / /		SUPERVISOR'S NAME AND TITLE	
REASON FOR SEPARATION		BEGINNING SALARY	ENDING SALARY
NAME AND ADDRESS OF EMPLOYER			
POSITION, TITLE AND DUTIES			
DATES OF EMPLOYMENT FROM / / TO / /		SUPERVISOR'S NAME AND TITLE	
REASON FOR SEPARATION		BEGINNING SALARY	ENDING SALARY

The Undersigned Confirms that the above information is provided to the best of their knowledge.

Date \_\_\_\_\_

Signed \_\_\_\_\_