

Your Application to Move Ahead with Move It Now!

FRANCHISE OPPORTUNITY



Application

It is understood that the purpose of this application is for general information and is in no way binding upon the company or the applicant. It is understood, however, that the applicant supplied the information contained herein to the best of his/her knowledge and ability and that the company relies on this fact when assessing the desirability and qualifications of the applicant. Photocopies are acceptable. This document and all other correspondence between the applicant and Move It Now will be kept confidential.

(To be completed by each proposed partner of the Franchise Group)

Section 1: PERSONAL INFORMATION (PLEASE PRINT OR TYPE)				
Applicant's Name				
Address				
City		State	Zip Code	
Telephone Number		Fax Number		
Social Security Number		Date of Birth	E-mail	
Our/My Current Residence is (check)		<input type="checkbox"/> Own	<input type="checkbox"/> Rent	How Long?
Section 2: EMPLOYMENT INFORMATION				
Applicant's Current Employment Status (check)		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed
Employers/Business Name				
Position Held		How Long There?		
Employer/Business Address			Annual Salary	
Telephone Number		Fax Number		
May we contact your employer for reference? (check)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Section 3: EDUCATION AND EXPERIENCE				
Your Education: High School Graduate (check)		<input type="checkbox"/> Yes <input type="checkbox"/> No	College:	# of Years Degree
College Attended				
Other Special Skills				
In which of the following areas do you have experience? (check all that apply)				
<input type="checkbox"/> Management		<input type="checkbox"/> Retail	<input type="checkbox"/> Marketing	<input type="checkbox"/> Sales <input type="checkbox"/> Accounting
Other Service Industry (please specify)				

