

**PERSONAL DETAILS**

Company Name (if applicable)		
Applicant's Name		
Address		
How long have you lived at this address?		
If less than 3 years, please supply previous address		
Phone Numbers	Mobile	Other
Email Address		

**PERSONAL INFORMATION**

Age	Health:	Good	Fair	Poor
Marital Status:			Partner's Name:	
Partner's Age:			Number & Ages of Children:	
Will your partner be active in running the business?				
Describe any physical disabilities or limitations				
Have you ever been convicted of anything other than a minor traffic incident? Y / N				
If yes, please give details:				
List any hobbies, community activities, sport and special activities				

**EDUCATION**

Level of last year studies completed	
Name of last place of learning	
Personal Qualifications	
Describe any formal training	

**PERSONAL SKILLS**

Please list below any further skills you believe would support your application

**BUSINESS EXPERIENCE / EMPLOYMENT HISTORY**

Present Occupation	
Describe responsibilities, duties etc	

**PREVIOUS EMPLOYMENT / BUSINESS EXPERIENCE (LAST 5 YEARS – MOST RECENT FIRST)**

Name of Firm			
Address			
Type of Business		Position Held	
Date Commenced		Date Finished	
Duties		Achievements	
Reason for leaving			

**PREVIOUS EMPLOYMENT / BUSINESS EXPERIENCE (CONTINUED)**

Name of Firm			
Address			
Type of Business		Position Held	
Date Commenced		Date Finished	
Duties		Achievements	
Reason for leaving			

(ATTACH ADDITIONAL SHEET IF REQUIRED)

**GENERAL INFORMATION**

Will you devote your full time to the business	
If no, please state how you propose to operate the business	
Are you considering a partner(s)? Y / N	If YES, additional questionnaires must be completed by the partner(s)
Why are you seeking a business?	
What level of income do you initially want to achieve per week from your business?	
Have you ever been declared bankrupt?	
Is any legal action current or pending against you or any company associated with you?	
When did you start looking for a business?	
What else have you looked at?	







## FRANCHISE APPLICATION FORM

### REFERENCES

Please provide contact details for 2 references from past employment or business associates who may be contacted for background references. We will not contact these references until you are happy for us to do so.

Name	
Business	
Phone	
Email	

Name	
Business	
Phone	
Email	

*It is understood that this information will be read and used to help the Directors of Hallmark Services to make a decision whether you are a suitable candidate to be offered a Hallmark Services Franchise.*

*By signing this you agree for Hallmark Services to carry out any background checks and credit checks. You also give permission for the Directors of Hallmark Services to pass on this information to a third party company to carry out their checks.*

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE