



CONFIDENTIAL FINANCIAL AND QUALIFICATION REPORT

1601 Sawgrass Corporate Parkway
Sunrise, FL 33323
Phone: 954/858-6000 Fax: 954/858-2720

Mr., Mrs., Ms. _____ Social Security No. _____
Last First Initial

Home Address _____
Street City State Zip

Telephone No, () _____ () _____ When is a convenient time to call? _____
Day Night

FAMILY

Birth Place _____ Date of Birth _____ Are you a U.S. citizen? Yes No
Month Day Year

Marital Status: Single Engaged Married Separated Divorced Widowed

Date of Marriage: _____ Spouse's Name _____ SS# _____

Names and ages of children: _____

HEALTH

Date and result of last physical examination _____ Excellent Good Fair
Please describe any physical handicap, limitation, major illness, operation or accident _____

INTERESTS

Sports, Hobbies, Recreational Interests _____

Have you done any public speaking? Yes No If yes, where? _____

What civic, scholastic or professional organizations do you belong to? _____

EDUCATION

Circle highest grade completed: High School 1 2 3 4 College 1 2 3 4 Major _____

List name and location of High School(s)/College(s) and dates attended:

1. _____

2. _____

3. _____

Other Education (including correspondence) and date completed _____

MILITARY

Were you in the U.S. Armed Forces? Yes No If yes, what Branch? _____

Dates of duty: From _____ To _____ Rank at Discharge _____
Month Day Year Month Day Year

(Please list most recent first and do not go back beyond 1970. If more than three positions, include resume).

BUSINESS OR SELF EMPLOYMENT HISTORY

1. Employment Dates: Started _____ Left _____
Company Name _____ Division _____
Address & City _____ Phone No. _____
Final Job Title _____ Final Annual Compensation _____
Name of Immediate Supervisor _____ May We contact? Yes No
Brief Description of Responsibilities and Hours Worked Daily _____

Reason for Leaving _____

2. Employment Dates: Started _____ Left _____
Company Name _____ Division _____
Address & City _____ Phone No. _____
Final Job Title _____ Final Annual Compensation _____
Name of Immediate Supervisor _____ May We contact? Yes No
Brief Description of Responsibilities and Hours Worked Daily _____

Reason for Leaving _____

3. Employment Dates: Started _____ Left _____
Company Name _____ Division _____
Address & City _____ Phone No. _____
Final Job Title _____ Final Annual Compensation _____
Name of Immediate Supervisor _____ May We contact? Yes No
Brief Description of Responsibilities and Hours Worked Daily _____

Reason for Leaving _____

Have you ever owned any other business not listed above? _____

What current outside business interests do you have? _____

What is your single strongest business aptitude? Sales Administration Marketing Accounting

What three classifications best describe you? Self Starter Persistent Leader Positive Thinker

Aggressive Steady Reliable Motivator Reasonable Honest Other (explain) _____

FINANCIAL

How many persons, including yourself, are dependent on you for support? _____

Does your spouse work? Yes No Name of Employer _____

Title _____ Length of Employment _____ Earnings/week _____

Type of work _____ Would he or she work in your new business? _____

Do you own or rent your home? _____ Years lived at present address _____ Years lived in present city _____

No. of residences in past 5 years _____ Do you own a car(s)? _____ Make(s) & Year(s) _____

Drivers License No. _____ State _____

How much life insurance do you own? _____ What type? _____

1. Name of your Bank _____ City _____

How long have you banked there? _____ Checking Savings Loans

Name of your banker _____ May we contact? Yes No

2. Name of 2nd Bank _____ City _____

How long have you banked there? _____ Checking Savings Loans

Name of your banker _____ May we contact? Yes No

ASSETS	LIABILITIES
Cash on hand and in banks	Notes payable to banks – secured
U.S.govt. securities	Notes payable to banks – unsecured
Listed securities – current market value	Notes payable to relatives
Unlisted securities	Notes payable to others
Accounts and notes receivable due from relatives and friends	Accounts and bills due
Accounts and notes receivable due from others – good	Unpaid income tax
Accounts and notes receivable – doubtful	Other unpaid taxes and interest
Real estate owned: Description, date of last appraisal	Real estate mortgages payable
Real estate mortgages receivable	Other debts – itemsize
Automobiles and other personal property	
Cash value – life insurance	
Other assets – itemize	TOTAL LIABILITIES
	NET WORTH
TOTAL ASSETS	TOTAL LIAB. & NET WORTH

How much of your “net worth” stated above will you commit to investing in this business? \$ _____

And how much of that sum is or will be available in cash on short notice? \$ _____

Have bankruptcy proceedings ever been commenced against you, your spouse or any business in which you had or have an interest? Yes No If so, where and what date? _____

Do you have a financing source? Name _____ Amount of credit available \$ _____

Please give us any additional information not outlined above that you feel would be helpful in evaluating your financial position. _____

GENERAL

Do you plan to operate this business yourself? Yes No If no, who will? _____

Why do you feel this individual is qualified to do so? _____

How much time will you devote to supervising this business? _____

Do you have a preference as to area, or city, where you would like to have your office located? Yes No

List areas in order of preference:

1. _____ 3. _____

2. _____ 4. _____

If you do not fully qualify financially for an Interim healthcare Inc. franchise, would you be willing to participate with another investor? Yes No

Why do you wish to purchase a franchise rather than becoming someone's employee or starting a non-franchise business? _____

What do you understand about the franchising relationship? _____

If your franchise application is approved, when would you open? _____

What would you project a realistic income should be in the first, second and third years of a new business? _____

Are you presently investigating any other franchise or business opportunities? Yes No

If yes, please list type of business. _____

Through what source did you hear about us? _____

It is understood and agreed that any agreement entered into between Company and the prospect is predicated upon the truthfulness of statements in this report. I hereby authorize and request any and all of my former employers and others, unless otherwise indicated, to furnish a complete history of my services with them, together with any information they may have concerning my personal character, habits, ability, disposition, etc. and particularly a statement of the cause of termination of my employment. I hereby release them from any and all liability for damages of whatsoever nature as a result of furnishing the requested information.

This is to inform you that, as part of our procedure for processing your application, an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, whichever may be applicable. You have the right to make written request, within a reasonable period of time, for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

The above information is true to the best of my knowledge and belief, and is submitted in support of my seeking approval for an Interim healthcare Inc. franchise.

Signature _____ Date _____

THIS IS NOT A CONTRACT.