

Go Glass & Accessories Inc.



Confidential Application

Please return by email, mail or fax

Date: _____

Fax: 519-896-8930, Attention: Franchising Department;

Email: goglass@goglass.ca

Mail: 52 McIntyre place Unit J, Kitchener, Ontario. N2R 1H9

Personal Data Please Print

Family Name First Name Middle name

Current Address

City Province Postal Code # of years at this address

Do you own _____ Rent _____ Other _____

Home Telephone Business Telephone Fax Number

Cell Number Email Address

Previous Address

City Province Postal Code # of years at this address

Date of Birth Marital Status

No of Dependants Age of Dependants

Name of Spouse Occupation of Spouse

What Languages do you speak fluently?

Have you or any company with which you were associated ever been involved in bankruptcy proceedings?
Yes **No** (please highlight appropriate answer)

If yes, please give details:

Are you now, or have you been in the past 3 years involved in any litigation (either as a defendant or a Plaintiff)? **Yes** **No** (please highlight appropriate answer)

If yes, please give details:

Have you ever been convicted of an offense for which you have not been given a pardon? **Yes** **No**
(Please highlight appropriate answer)

If yes, please give details:

EDUCATION (Highlight last year completed)

High School: 9 10 11 12 13
College/University 1 2 3 4 Masters Doctorate
Degree Obtained: _____
Name of Educational facility attended: _____

Do you have any training in sales, management or retailing? (Give details)

WORK HISTORY AND GOALS

Are you presently employed: **Yes** **No**

Give present or last position first. *Advise us if you do not wish your present employer to be contacted*

Company Name: _____

Address: _____

Type of Business: _____

Your title / duties: _____

Length of service with this company: _____

Promoted within this company? **Yes** **No**

Reason for leaving (if applicable): _____

Details of previous employment (list most recent employment first)

Company name
Address
Type of Business
Your title / duties
Length of service with this company
Promoted Yes No
Reason for leaving
Company name
Address
Type of Business
Your title / duties
Length of service with this company
Promoted Yes No
Reason for leaving
Company name
Address
Type of Business
Your title / duties
Length of service with this company
Promoted Yes No
Reason for leaving

How long have you been seeking a Business opportunity?

Do you now or have you ever owned or had an interest in a business venture? **Yes** **No**

If yes, please state details:

What City / Province did you have this business?

How many years? _____

Do you continue to run this business? **Yes** **No**

If yes, what are your plans with this business if you decide to proceed with Go Glass & Accessories?

As a business owner of a Go Glass & Accessories location do you plan on working the business full time?

Yes No

Will you have a business partner? **Yes No**

Name of partner(s):

Note: (A separate application and financial statement is required of each partner)

Will he / she be active in the business? **Yes No**

Do you have any family members who will participate? **Yes No**

Indicate their relationship to you: _____

Why are you interested in a Go Glass & Accessories franchise?

What personal qualities and qualifications do you possess that you feel would enable you to operate a successful franchise?

What do you feel would be the key ingredients for the success of a Go Glass & Accessories franchise?

Are you presently associated with, or have an interest in, any other business? **Yes No**

If yes, please explain:

The information provided in this Application will be kept on file for a period of three (3) years at which time paper copies will be destroyed and a new and updated application will be required. Name, address and telephone numbers will be kept on electronic file for statistical purposes only.

I understand that this application is not a binding offer to contract for Go Glass & Accessories Inc. to grant me a franchise.

Signature

Date