



MEDTECH
Medical Staffing Specialists

Franchise Application Form

PERSONAL DATA

LAST NAME						FIRST NAME					MI
STREET ADDRESS											
CITY						STATE				ZIP	
HOME PHONE						WORK PHONE					
FAX						EMAIL					
CONVENIENT TIME TO CALL											
SOCIAL SECURITY #						U.S. CITIZEN	<input type="checkbox"/> YES <input type="checkbox"/> NO				
DATE OF BIRTH		/		/		BIRTH PLACE					
MARITAL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> ENGAGED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED										

FAMILY DATA

SPOUSES NAME						DATE OF MARRIAGE		/		/		
SPOUSE'S SS#						SPOUSES DOB	/	/				
DEPENDENTS	<input type="checkbox"/> YES <input type="checkbox"/> NO					# OF DEPENDENTS						
NAMES						AGES			RELATIONSHIPS			
1.												
2.												
3.												

RESIDENCES

ADDRESS						CITY				STATE	YEARS AT RESIDENCE
1.											
2.											
3.											

EDUCATION

							CITY		YEAR GRADUATED		MAJOR/DEGREE
HIGH SCHOOL											
COLLEGE											
OTHER EDUCATION											

MILITARY

BRANCH	▯	▯	▯	▯	▯	▯	DATE FROM	▯	▯	DATE TO
HIGHEST RANK	▯	▯	▯	▯	▯	▯	DATE OF DISCHARGE			
DISCHARGE TYPE										
SPECIAL TRAINING, CITATIONS, AWARDS										

PERSONAL FINANCIAL DATA

ASSETS				LIABILITIES			
CASH IN BANKS				NOTES PAYABLE TO BANKS			
ACCOUNTS AND NOTES RECEIVABLE				OPEN OR REVOLVING ACCOUNTS			
STOCKS AND BONDS				INSTALLMENT LOANS			
PROFIT SHARING PLAN VESTED				TAXES OWED			
CASH VALUE OF LIFE INSURANCE				OWED AGAINST LIFE INSURANCE			
REAL ESTATE OWNED				MORTGAGES OWED			
AUTOMOBILES AND EQUIPMENT				OTHER LIABILITIES			
PERSONAL PROPERTY							
OTHER ASSETS							
TOTAL ASSETS				TOTAL LIABILITIES			
				NET WORTH (TA-TL)			

TOTAL INCOME HISTORY (PRINCIPAL & SPOUSE) FOR LAST 6 YEARS

YEAR	▯	▯	▯	\$	▯	▯	▯	YEAR	▯	▯	▯	\$
YEAR	▯	▯	▯	\$	▯	▯	▯	YEAR	▯	▯	▯	\$
YEAR	▯	▯	▯	\$	▯	▯	▯	YEAR	▯	▯	▯	\$

HOW MUCH OF YOUR NET WORTH WILL YOU COMMIT TO INVESTING IN THIS BUSINESS? \$

HOW MUCH OF THAT SUM IS OR WILL BE AVAILABLE IN CASH ON SHORT NOTICE? \$

HOW MUCH LIFE INSURANCE DO YOU OWN? WHAT TYPE?

DO YOU OWN OR RENT YOUR HOME? OWN RENT YEARS AT PRESENT ADDRESS

DO YOU OWN A CAR? YES NO If YES, MAKE MODEL YEAR

DRIVER'S LICENSE # STATE

HAVE YOU EVER BEEN CONVICTED OF A CRIME - EXCEPT TRAFFIC VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE EXPLAIN			
HAVE YOU BEEN INVOLVED IN BANKRUPTCY OR TAKEN ADVANTAGE OF INSOLVENCY LAWS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE EXPLAIN			
HAVE YOU EVER BEEN REFUSED A BOND? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE EXPLAIN			
ARE YOU AN OWNER, DEFENDANT IN ANY SUITS OR LEGAL ACTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE EXPLAIN			
DO YOU HAVE A FINANCING SOURCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME		AMOUNT OF CREDIT AVAILABLE	\$

CREDIT INFORMATION.

PERSONAL	BUSINESS
NAME OF BANK	NAME OF BANK
NAME OF BANKER	NAME OF BANKER
PHONE #	PHONE #
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP
CHECKING ACCOUNT #	CHECKING ACCOUNT #
SAVINGS ACCOUNT #	SAVINGS ACCOUNT #

BUSINESS OR EMPLOYMENT HISTORY

1. COMPANY	POSITION
STREET ADDRESS	
CITY STATE ZIP	STATE ZIP
PHONE	DATE STARTED / / DATE LEFT / /
SALARY	DUTIES
REASON FOR LEAVING	
SUPERVISOR	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

2. COMPANY								POSITION			
STREET ADDRESS											
CITY								STATE			ZIP
PHONE				DATE STARTED	/	/		DATE LEFT	/	/	
SALARY				DUTIES							
REASON FOR LEAVING											
SUPERVISOR								MAY WE CONTACT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

3. COMPANY								POSITION			
STREET ADDRESS											
CITY								STATE			ZIP
PHONE				DATE STARTED	/	/		DATE LEFT	/	/	
SALARY				DUTIES							
REASON FOR LEAVING											
SUPERVISOR								MAY WE CONTACT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
HAVE YOU EVER OWNED ANY OTHER BUSINESS NOT LISTED ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO											
IF YES, PLEASE EXPLAIN											
WHAT CURRENT OUTSIDE BUSINESS INTEREST DO YOU HAVE?											
WHAT IS YOUR SINGLE STRONGEST BUSINESS APTITUDE? (CHECK ONE BELOW)											
<input type="checkbox"/> SALES <input type="checkbox"/> ADMIN <input type="checkbox"/> MARKETING <input type="checkbox"/> ACCOUNTING											
WHAT THREE CLASSIFICATIONS BEST DESCRIBE YOU? <input type="checkbox"/> SELF-STARTER <input type="checkbox"/> PERSISTENT <input type="checkbox"/> LEADER <input type="checkbox"/> POSITIVE THINKER											
<input type="checkbox"/> AGGRESSIVE <input type="checkbox"/> STEADY <input type="checkbox"/> RELIABLE <input type="checkbox"/> MOTIVATOR <input type="checkbox"/> REASONABLE <input type="checkbox"/> HONEST <input type="checkbox"/> OTHER (EXPLAIN)											

BUSINESS GOALS

WHERE WOULD YOU LIKE TO LOCATE YOUR FRANCHISE?
ARE YOU INTERESTED IN RELOCATING? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WHERE?
HOW SOON WOULD YOU LIKE TO OPEN YOUR FRANCHISE, ACTUAL DATE? <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>

NAME OF OWNER(S), PARTNER(S) OR MEMBER(S) □ □ □ □ □	PERCENTAGE OF OWNERSHIP
1.	
2.	
3.	
4.	
5.	

BUSINESS FINANCIAL STATEMENT

STATEMENT OF □ □ □ □ □ □ □ □ STATEMENT AS OF □ / □ /

STREET ADDRESS □ □ □ □ □ CITY AND STATE

TO

ASSETS		LIABILITIES	
CASH IN BANKS		ACCOUNTS PAYABLE	
CASH ON HAND		NOTES PAYABLE ON MERCHANDISE	
ACCOUNTS RECEIVABLE		OTHER NOTES PAYABLE	
NOTES RECEIVABLE		BORROWED FROM BANKS SECURED	
ACCOUNTS AND NOTES RECEIVABLE FROM OFFICERS, PARTNERS, AND EMPLOYEEES		BORROWED FROM BANKS UNSEC.	
		BORROWED FROM OTHERS	
MERCHANDISE		INCOME TAXES: DUE ON LLAST YEAR'S PROFITS ACCRUED ON CURRENT YEAR PROFITS	
RECEIVABLES SECURED BY REAL ESTATE		OTHER LIABILITIES OR ACCRUALS MORTGAGES ON REAL ESTATE (DESCRIBE BELOW)	
RECEIVABLES SECURED BY MORTGAGES			
FURNITURE AND FIXTURES, NOTES AND ACCTS., RECEIVABLE FROM AFFILIATED COS.			
OTHER ASSETS (DESCRIBE BELOW)		OTHER MORTGAGES, LIENS, SECURITY INTEREST, OR ENCUMBRANCES (DESCRIBE BELOW)	

TOTAL ASSETS		TOTAL LIABILITIES	
		CAPITAL	
		SURPLUS	
		NET WORTH	
		TOTAL	

IF ANY OF THE ABOVE HAVE BEEN PLEDGED, GIVE DETAILS	STATE OF INCORPORATION OR LICENSE	
DESCRIPTION <input type="checkbox"/> AMOUNT <input type="checkbox"/> TO WHOM	WHEN FORMED	
	FEDERAL TAX ID	
	AUTHORIZED CAPITAL	
	SUBSCRIBED CAPITAL	
	PAID IN CASH	
	PAID OTHERWISE	
	HOW PAID	

DESCRIPTION AND LOCATION OF REAL ESTATE LISTED IN FINANCIAL STATEMENT	TITLE HELD IN NAME OF	COST PLUS IMPROVEMENTS	PRESENT MARKET VALUE	AMOUNT OF MORTGAGES	HOW PAYABLE

BUSINESS REFERENCES

1. NAME <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	RELATIONSHIP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YEARS KNOWN
ADDRESS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CITY <input type="checkbox"/> <input type="checkbox"/>	STATE <input type="checkbox"/> <input type="checkbox"/> PHONE <input type="checkbox"/> (<input type="checkbox"/>)
2. NAME <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	RELATIONSHIP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YEARS KNOWN
ADDRESS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CITY <input type="checkbox"/> <input type="checkbox"/>	STATE <input type="checkbox"/> <input type="checkbox"/> PHONE <input type="checkbox"/> (<input type="checkbox"/>)
3. NAME <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	RELATIONSHIP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YEARS KNOWN <input type="checkbox"/> <input type="checkbox"/>
ADDRESS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CITY <input type="checkbox"/> <input type="checkbox"/>	STATE <input type="checkbox"/> <input type="checkbox"/> PHONE <input type="checkbox"/> (<input type="checkbox"/>)
4. NAME <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	RELATIONSHIP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YEARS KNOWN
ADDRESS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CITY <input type="checkbox"/> <input type="checkbox"/>	STATE <input type="checkbox"/> <input type="checkbox"/> PHONE <input type="checkbox"/> (<input type="checkbox"/>)

PERSONAL REFERENCES

1. NAME						RELATIONSHIP				YEARS KNOWN
ADDRESS						CITY			STATE	PHONE ()
2. NAME						RELATIONSHIP				YEARS KNOWN
ADDRESS						CITY			STATE	PHONE ()
3. NAME						RELATIONSHIP				YEARS KNOWN
ADDRESS						CITY			STATE	PHONE ()
4. NAME						RELATIONSHIP				YEARS KNOWN
ADDRESS						CITY			STATE	PHONE ()

By signing below, I warrant that all of the information submitted in connection with this Application, including any financial statements attached to this Application, are true and accurate as of the date below, and , I agree to notify MedTech of any material change in my personal, business or financial status while this application is pending. I understand that this application does not constitute an offer by MedTech to sell a franchise and that this information is being provided to MedTech solely for the purpose of evaluating my personal, professional and financial qualifications. I consent to and acknowledge that in addition to any information provided by me, MedTech may obtain and exchange background information relating to my personal and business records, including but not limited to my credit, tax litigation, property, corporate, criminal and driving records. I understand that any false statement is sufficient cause for rejection of my application with MedTech.

Signature _____ Date _____

If you desire to provide additional information, please enclose when returning this form.

PERSONAL DATA / CREDIT AUTHORIZATION

By signing below, I warrant that all of the information submitted in connection with this Application, including any financial statements attached to this Application, are true and accurate as of the date below; and, I agree to notify MedTech of any material change in my personal business or financial status while this Application is pending. I understand this Application, does not constitute an offer by MedTech to sell a franchise and this information is being provided to MedTech solely for the purpose of evaluation my personal, professional and financial qualifications. In connection with my application for a franchise with MedTech. (hereafter the "COMPANY"), I authorize the procurement of a consumer credit and or consumer investigative report by COMPANY or on its behalf that will seek information as to my character, past employment and credit history. Further, I understand and agree that COMPANY may request information from various federal, state, and other agencies, including public and private sources that maintain records, concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background, as well as other past experiences. I authorized the release of this information without restriction to COMPANY and its respective officers, agents, or employees.

I acknowledge that a telephone facsimile or copy of this release shall be as valid as the original. This release is valid for all persons and private entities, and all federal, state, county, and local agencies and authorities. I understand any false statement is sufficient cause for rejection of my application with MedTech.

Signature _____ Social Security Number _____

_____ Full Name

_____ Address

_____ City, State, Zip

_____ Home Phone

_____ Date

When you have completed the application, please mail to :

MedTech
c/o Franchising
700 Penn Center Blvd.
Suite 111
Pittsburgh, PA 15235