



# Confidential Qualification Questionnaire

## Instructions

1. Take your time in completing this application form.
2. Read each question carefully.
3. Print **clearly**.
4. All the information you provide must be accurate and up-to-date.
5. If you run out of space in any portion of the application form, attach a sheet of paper with your name, the question number or title, and the rest of the information.
6. If you have any questions or need assistance in completing this application, please contact:
  - Positive Image Fitness Franchise, LLC**
  - by Telephone** (866) 337-1212
  - by Telephone** (978) 692-4448
  - by e-mail** HelpU@positiveimagept.com
  - by website** www.positiveimagept.com
7. Return your completed form to:
  - Positive Image Personal Training**
  - 270 Littleton Road Unit #10**
  - Westford, Massachusetts 01886**
  - Attn: Pascual Laguerra**

Alternatively you may fax it to us at:  
**(978) 692-4448**

## Confidential Qualification Questionnaire

<b>Personal Information</b>		
Preferred Franchise Area(s):		
First Name:	Last Name:	
Street Address:		
City	State	Zip Code
Home Telephone (       )	Work Telephone (       )	E-mail Address (       )
Date of birth:	Social Security Number:	Highest educational level attained
<b>Employment Information</b>		
Current employer:		Length of employment:
Responsibilities:		Position held:
Work address:		
Name of immediate supervisor:		Telephone number:
Former employer:		Length of employment:
Responsibilities:		Position held:
Work address:		
Name of immediate supervisor:		Telephone number:
Former employer:		Length of employment:
Responsibilities:		Position held:
Work address:		
Name of immediate supervisor:		Telephone number:

## Confidential Qualification Questionnaire

<b>General Business Information</b>		
1. Are you presently involved with any franchise or other business? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. If yes, provide name :	
3. Products or services offered:	4. Percentage of ownership:	5. Years in business:
6. Have you ever owned a business? <input type="checkbox"/> YES <input type="checkbox"/> NO	7. If yes, provide name:	
8. Products or services offered:	9. Percentage of ownership:	10. Years in business:
11. What is your current business activity? How much of your time is absorbed by the business? (e.g.; 10%, 20%, 50%)		
<b>Personal Training Information</b>		
12. What is your personal training experience? Please elaborate.		
13. Do you hold any personal training or related certifications? If so, what are they and when were they earned?		
14. Why do you think you will be successful at operating a Positive Image franchise? Please elaborate.		
<b>Trade References Information</b>		
In the spaces below please enter the names and telephone numbers of <i>business or trade</i> references. Trade references are people whom you have dealt with in the course of business or employment who can verify the information on this application form.		
Name:	Tel. no.	Relationship:
Address:		
Name:	Tel. no.	Relationship:
Address:		
Name:	Tel. no.	Relationship:
Address:		

# Confidential Qualification Questionnaire

Personal References Information		
In the spaces below please enter the names and telephone numbers of personal references. Personal references are people who can verify your personal information as well as your character.		
Name:	Tel. no.	Relationship:
Address:		
Name:	Tel. no.	Relationship:
Address:		
Name:	Tel. no.	Relationship:
Address:		
Name:	Tel. no.	Relationship:
Address:		
<b>Other Information</b>		
If approved, how soon could you begin training?		
How did you hear of Positive Image Personal Training?		

I hereby declare that all of the information contained in this application form is true and correct to the best of my knowledge and that I will make all other required information available to Positive Image upon request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Note: Positive Image reserves the right to request a personal financial statement prior to approving any prospective franchisee.

## Confidential Qualification Questionnaire

- Assets**

**CASH AND CASH EQUIVALENTS** (i.e., Checking and Savings Accounts, etc)

INSTITUTION	ACCOUNT #	BALANCE
SUBTOTAL		\$

**RETIREMENT ACCOUNTS**

INSTITUTION	ACCOUNT #	BALANCE
SUBTOTAL		\$

**REAL ESTATE**

PROPERTY DESCRIPTION	ADDRESS	FAIR MARKET VALUE
SUBTOTAL		\$

**PERSONAL PROPERTY**

PROPERTY DESCRIPTION	BALANCE	
SUBTOTAL		\$

TOTAL ASSETS

\$

- CQQ for all prospective owners of franchise, (please make photocopies of the form).**

# Confidential Qualification Questionnaire

- Liabilities & Net Worth**

**CREDIT CARDS AND REVOLVING CREDIT ACCOUNTS**

CARD OR ACCOUNT NAME	ACCOUNT #	BALANCE
SUBTOTAL		\$

**UNSECURED LOANS**

INSTITUTION	ACCOUNT #	BALANCE
SUBTOTAL		\$

**LOANS SECURED BY REAL ESTATE**

PROPERTY	INSTITUTION	ACCOUNT #	BALANCE
SUBTOTAL			\$
TOTAL LIABILITIES			\$

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NET WORTH (TOTAL ASSETS – TOTAL LIABILITIES) \$

- ANNUAL INCOME** (Most Recent Full Year)

**GROSS SALARIES AND WAGES**

EMPLOYER	BALANCE	
TOTAL		\$

DIVIDENDS AND INTEREST \$

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TOTAL ANNUAL INCOME (Most Recent Full Year) \$

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Signature \_\_\_\_\_ Date \_\_\_\_\_