

Champion Home Care, Inc.  
3247 N.W. 60th Street  
Boca Raton, FL 33496  
561-843-5960  
561-999-9608 Fax  
561-347-0140 Fax

QUALIFYING LICENSEE QUESTIONNAIRE

The information requested will assist us in becoming familiar with your background.  
We reserve the right to check credit, business and personal reference:

PERSONAL DATA:

Full Name: \_\_\_\_\_  
Bus. Telephone \_\_\_\_\_  
Home Telephone \_\_\_\_\_

Have you been known by a different name in the past 7 years? \_\_\_\_\_  
If so previous name \_\_\_\_\_

Home Address: \_\_\_\_\_  
City and State: \_\_\_\_\_ ZIP \_\_\_\_\_ Years \_\_\_\_\_

Previous Address: \_\_\_\_\_  
City and State: \_\_\_\_\_ ZIP \_\_\_\_\_ Years \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
S.S.N.: \_\_\_\_\_ Employer ID No: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ S.S.N.: \_\_\_\_\_

If your spouse will be a signatory on the agreement he/she must complete a separate questionnaire.

EDUCATION BACKGROUND:

	Name	City	Dates	Degree	Major
High School	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

BUSINESS BACKGROUND: (Attach resume if available or expand on attachment if necessary)

Your present business or employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Title and Duties: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Business address: \_\_\_\_\_  
City state zip

How Long Employed: \_\_\_\_\_ Equity in Business: \_\_\_\_\_  
Beginning Salary/Compensation \_\_\_\_\_  
Current Salary/Compensation \_\_\_\_\_

PREVIOUS EMPLOYMENT:

<u>Company Name, City, Address</u>	<u>Dates</u>	<u>Title</u>	<u>Earnings</u>	<u>Supervisor</u>
i. _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
ii. _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
iii. _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Business Connections: (Officer, Director, Owner, Partner, etc.)

Spouse's Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Income: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

CITIZENSHIP AND SECURITY:

Are you a U.S. citizen? \_\_\_\_\_  
Have you ever been bonded? \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Name of Company: \_\_\_\_\_  
Been refused a Bond? \_\_\_\_\_

Have you ever been arrested and/or convicted of a crime? \_\_\_\_\_  
Explain \_\_\_\_\_

(Certain criminal background histories disqualify an individual from employment in the Home Health Care industry, therefore the individual would not qualify for the granting and/or continuation of a license agreement.)

FINANCIAL DATA: (Attach financial statements if available)

Sources of Income:(explain and show amounts) \_\_\_\_\_

Fixed assets: \_\_\_\_\_  
Net Worth \$ \_\_\_\_\_

Have you, or your spouse, a company owned by either of you, or your employer(s) ever filed a petition for bankruptcy or made an assignment for the benefit of creditors? \_\_\_\_\_  
Explain: \_\_\_\_\_

Are there any judgments or liens outstanding against you, your spouse, or a company owned by either of you? \_\_\_\_\_  
Explain: \_\_\_\_\_

Are you or your spouse presently involved in any litigation? \_\_\_\_\_  
Explain: \_\_\_\_\_

REFERENCES:

Bank name and address: \_\_\_\_\_

Account Numbers:

Checking: \_\_\_\_\_

Savings: \_\_\_\_\_

Business: \_\_\_\_\_

Business References:

Name and Title	Company	Phone	Address
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CREDIT REFERENCES:

Company	Account No.	Address	/
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

PERSONAL REFERENCES:

Name	Relation	Phone	Years	Address	/
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

ADDITIONAL DATA:

What city do you propose for your exclusive territory: \_\_\_\_\_

If accepted, when do you intend to open: \_\_\_\_\_

Estimate the total amount of money you would need to withdraw from the licensed business for living expenses during the first year of operation? \_\_\_\_\_

What do you consider your business strengths? \_\_\_\_\_

Your business weaknesses? \_\_\_\_\_

Are you available to work full time in this business? \_\_\_\_\_

(if not, please explain your limitations) \_\_\_\_\_

Are you willing and able to work on your own, without staff assistance, for the first year in the business? \_\_\_\_\_

(if not, please explain your limitations) \_\_\_\_\_

We appreciate your interest in this license agreement. Please complete all questions as accurately as possible. None of the information you have received should be construed as a solicitation to enter into an agreement, but merely an exchange of information which does not obligate either party.

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

