



Franchise Application Form



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INFORMATION

This application form is obligation free. It doesn't commit you to purchase a franchise.

The information you provide is confidential and will be shared only with your Franchisor, potentially the Divisional Franchisor and where required for administrative purposes it may be shared with Administrative Staff and Jim's Group.

The information you provide is designed to allow us to:

- Assess whether you meet our technical pre-requisites
- Determine your suitability for the franchise opportunity and likelihood of succeeding
- Understand your expectations and needs personally, financially and professionally

Some of the information you provide may be checked and verified as part of the due diligence process, we undertake in considering your application. This may involve cross referencing and checking qualifications and registrations or licenses where applicable.

Once you have completed the form please sign and return it to your Franchisor by email, fax or post.

If you have any queries in completing the form, please contact your Franchisor.



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Today's date:		Franchisor:	
APPLICANT INFORMATION			
Applicant's first and last name:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?	(Former name):	Birth date: / / Age: Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:		Driver's License no.:	Contact phone no.: ()
Postal Address (if different):	City:	State:	Post Code:
Email Address:	Mobile Phone:		
Current Occupation:	Current Employer:	Currently Self Employed <input type="checkbox"/> Yes Previously Self Employed <input type="checkbox"/> Yes	
Home Ownership Status:	Homeowner <input type="checkbox"/> Renting <input type="checkbox"/> Mortgage <input type="checkbox"/>	Children? <input type="checkbox"/> Yes	
Marital status:	Single <input type="checkbox"/> Married <input type="checkbox"/> De-facto <input type="checkbox"/> Divorced or Separated <input type="checkbox"/> Widowed <input type="checkbox"/>	Is your partner employed? <input type="checkbox"/> Yes	
How would you plan to finance a Franchise Purchase?	Cash / Savings <input type="checkbox"/> Loan / Finance <input type="checkbox"/> Other <input type="checkbox"/>		
How did you find out about Jim's Termite & Pest Control?	<input type="checkbox"/> Google <input type="checkbox"/> Signage <input type="checkbox"/> Direct Mail: <input type="checkbox"/> Referred By Whom? <input type="checkbox"/> Other <input type="checkbox"/> Tradeshow / Expo <input type="checkbox"/> Social Media		

PRE-REQUISITE INFORMATION		
We require the following information to assess whether you meet the required level of experience and qualifications to qualify for a franchise in your state. Terminology varies from state to state. If you have any queries completing this form contact your Franchisor		
Trade & Other Training Qualifications: (please list)	Date Qualification Achieved:	Employment History: (List employment including job title, employer and period employed)
Have you ever provided pest control services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:
Have you ever owned your own business before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:



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Do you have a current ABN?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide:
Do you have a Pest Control License?	License No.	If and When and Where did you do your Pest License Training?

PRE-REQUISITE INFORMATION CONTINUED

List Assoc. Name/s:

Do you have a current Industry Association membership i.e., AEPMA Yes No

Do you hold any other relevant registrations or accreditations?

Have you ever:

<input type="checkbox"/> Declared Bankruptcy	<input type="checkbox"/> Been convicted of an offence	<input type="checkbox"/> Been involved in a civil or administrative tribunal case
<input type="checkbox"/> Made a Workers Compensation Claim	<input type="checkbox"/> Had a professional indemnity claim made against you	

Please provide details for two professional referees: Referees will only be contacted after you have qualified for a franchise, and you will be advised prior to contact being made with them.

Name:	Phone No.	Name:	Phone No.
Relationship:		Relationship:	

FRANCHISE AREA

Region: _____ State: _____

I would like to know more about purchasing a Region and becoming a Franchisor: Yes No

MOTIVATIONS & EXPECTATIONS

What is your current gross annual income?

How would you describe your current health status: Good Fair Poor?

Being a pest control technician involves crawling into tight spaces, using ladders and a moderate degree of other physical activity. Are there any factors which would restrict your capacity to do this work? Yes No
If yes, please describe:

Why have you enquired about a Jim's Franchise? (tick one or more boxes)

I want to be self-employed I want to choose where and when I work I want to earn more than I am now

I want to rebrand my existing Pest Control business I want to diversify my business interests I am not happy / challenged in current job

Please list any other personal or professional reasons for your interest in a franchise:

Have you considered other business opportunities or similar pest control franchise opportunities: Yes No
Which ones?



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My expectations of Jim's Termite & Pest Control are:

- Long term financial security
 Training
 On the job support
 Guaranteed minimum income
 Better brand awareness
 Group purchasing discounts
 Greater marketing power
 Resources, Templates and Reporting iPad Application
 Regular Leads
 Employ additional staff / vehicles
 Other:

If you proceed, when would you be interested in commencing your franchise?

- Within 6 weeks
 In 2-4 months' time
 More than 6 months
 Other:

How long do you intend to operate your franchise before selling or retiring?

- Less than a year
 2-5 years
 5-10 years
 Other:

If you have existing other business interests, do you intend to:

- Work full time in this business
 Build up the business whilst working elsewhere or for myself in another capacity

Does your wife / partner intend to assist you in the business? Yes No
 If yes, in what capacity?

Income and Lead Expectations:

Turnover

- \$25,000 - \$50,000
 \$50,000 - \$75,000
 \$75,000 - \$100,000
 \$100k - \$150k
 Greater than \$150k

Leads expected per month:

- Up to 5
 5-10
 10-15
 Referrals generated by you per month:
 Up to 5
 5-10
 10-15
 more than 20/month

Strengths & Weaknesses: Please outline what you believe your strengths and weaknesses are, these will help us identify your training needs.

STRENGTHS

- Organised
 Motivated
 Independent
 People Skills
 Marketing Skills
 Sales Skills
 Business Management
 Information Technology
 Financial Management
 Report Writing / Written Communication
 Pest Industry Experience

AREAS FOR DEVELOPMENT (weaknesses)

- Organised
 Motivation
 Independent
 People Skills
 Marketing Skills
 Sales Skills
 Business Management
 Information Technology
 Financial Management
 Report Writing / Written Communication
 Pest Industry Experience

Other:

Other:

Please subscribe me to the newsletter for information & updates:

Yes

No

DECLARATION

The above information is true and correct. I authorize Jim's Termite & Pest Control to undertake all necessary investigations required to confirm these statements.

Applicant Signature:

Date: