

# Franchisee Training and Experience Profile Form

Please complete this profile form to outline your professional background, education, and training needs. This document is formatted for printing.

## 1. Personal and Contact Information

Full Name:

Phone Number:

Email Address:

Mailing Address:

## 2. Professional and Business Experience

Current Occupation / Job Title:

Industry or Sector of Experience:

Years of Management / Supervisory Experience:

Have you owned a business before? (Yes / No and details):

Primary Professional Skills (e.g., Sales, Marketing, Finance):

## 3. Education and Training Background

Highest Level of Education / Degree Completed:

Field of Study / Major:

Relevant Professional Licenses or Certifications:

Previous Business or Franchise Training Completed:

## 4. Franchise Fit and Training Needs

Why are you interested in owning this specific franchise?

What specific training areas do you feel you need the most support in? (e.g., Operations, Marketing, Hiring):

Preferred Franchise Location / Territory:

5. Acknowledgment and Signature

I certify that the information provided in this profile is accurate and complete to the best of my knowledge.

Applicant Signature (Print Name to Sign):

Date (MM/DD/YYYY):