**Please fill out this form in its entirety.**

This is only an application for consideration; this form does not bind you in any way to the company or is a promise of becoming part of the company. The information you provide is strictly confidential and will only be used for company purposes. In choosing to purchase the license additional information might be asked of you.

**General Personal Information**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_

Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_Cell: (\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_Work: (\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_Fax: (\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_

Best Time to Reach You: \_\_\_\_\_AM \_\_\_\_\_PM

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_\_ Divorced \_\_\_ Number of Children: \_\_\_\_\_ Age(s): \_\_\_, \_\_\_, \_\_\_, \_\_\_, \_\_\_, \_\_\_,

Have you ever owned a business before: Yes\_\_\_\_ No \_\_\_\_ Years in business \_\_\_\_ Are you still in business: Yes\_\_\_ No \_\_\_

If you are not in business anymore why: (Give a brief description) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a valid driver’s license? Yes\_\_\_\_No\_\_\_\_

Do you own a vehicle? Yes\_\_\_\_No\_\_\_\_

**Employment History:** (Please attach your resume) If owning your own business is all you have done please check here: \_\_\_\_\_

**Education:** (Education information should be attached with resume)

**Background Information:**

Have you ever been arrested: Yes \_\_\_No \_\_\_ If yes what was it for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a crime: Yes\_\_\_ No \_\_\_ If yes please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you under any criminal investigation: Yes\_\_\_ No \_\_\_ If yes brief description as to why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever had to claim personal or business bankruptcy: Yes\_\_\_\_ No \_\_\_\_ If yes please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any civil judgments against you: Yes\_\_\_\_ No\_\_\_\_ If yes please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Assessment**

Do you have any health issues that would stop you from performing any of our programs: Yes\_\_\_\_No\_\_\_\_

If yes please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What skills do you have that would help you run a successful business? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever owned your own business? Yes\_\_\_No\_\_\_

If yes please explain what kind of business and what you did to help keep it successful. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you no longer own your business please explain why. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what area will you want to start your business? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References**

Please list three people who are willing to give you personal references.

|  |  |
| --- | --- |
| **Name** | **Phone#** |
|  |  |
|  |  |
|  |  |

Please list three credit references.

|  |  |
| --- | --- |
| **Name** | **Phone#** |
|  |  |
|  |  |
|  |  |

**Acknowledgement**

I understand that any information provided will be used only in the consideration to become a Licensee. I understand that more information may be asked of me upon request. I also certify that any and all information provided in this application is true and to the best of my knowledge. I give my permission to allow Shua Life Skills to investigate my background as it would pertain to my consideration of becoming a Licensee. This may include looking into my employment history, professional references, education, and any and all information contained in public records including credit, criminal, and or motor vehicle information.

Please Print Name Date

Signature Date

If you have a partner please give full name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Make sure your partner fills out one of our forms as well!**