

Family Staffing Solutions, Inc. Prospective Franchisee Profile

Family Staffing Solutions, Inc. welcomes your interest in exploring a franchise opportunity with us. Our leadership in this growing industry is built on a foundation of professionalism and service that exceeds expectation. That is why we seek franchise partners who share our commitment to our mission statement:

To be recognized as the industry leader for integrity and excellence in Personal Assistance Care achieved with a positive, joyful approach that improves the lives of our clients, employees and franchisees.

We also seek franchise partners who will meet our particular criteria for the business as well as a willingness to achieve excellence in business standard practices. Therefore, we ask you to provide the information requested in this document, which will assist us in the qualification process.

We also need your authorization conduct a criminal and financial background check verifying your financial information you provide and as any history of violation of federal or state law. Please indicate your agreement by signing the attached form. If there will be any partners involved in the operations, they will need to undergo the same background checks.

1. In what state, county are you interested in operating a Family Staffing Solutions company?

2. How did you hear about Family Staffing Solutions, Inc.? _____
3. Are you currently employed? _____ yes _____ no. If yes, please describe. If no, please explain.
4. Would this franchise be your sole business? _____
5. Please list any contacts you have within the areas of financial planning, trust officers, social workers, community groups related to issues of an aging society, hospital administrators, property managers of senior living communities, etc.

6. Do you have any contacts in the political arena? If yes, please list.

7. Do you belong to any civic groups...Rotary, Exchange Club etc?...please list.

8. Do you have experience with Great Plains, other accounting systems, office management? If not, who will be performing this element of your operation?

9. Where will your office be physically located? _____
10. What is your educational background? (Degrees, certifications, areas of study)

11. What do you know about the rules and regulations in your state for operating a licensed Personal Assistance Service?

12. Have you ever been charged, arrested or convicted of child abuse, elder abuse?

Yes _____ No _____ If yes, please explain.

13. Have you ever been convicted of any form of a misdemeanor or felony theft? Yes ___ No ___

If yes, discuss _____

14. Have you ever filed for bankruptcy under Chapter 7 or Chapter 11? If yes, please describe.

16. Have you ever been a plaintiff or defendant in a lawsuit related to a business transaction?

17. Please provide this additional information:

- Your employment information for the past ten(10) years. Include self employment if applicable

Employer _____

Address _____

City _____ State _____ Zip Code _____

Major responsibilities _____

Immediate supervisor _____

Employer _____

Address _____

City _____ State _____ Zip Code _____

Major responsibilities _____

Immediate supervisor _____

Employer _____

Address _____

City _____ State _____ Zip Code _____

Major responsibilities _____

Immediate supervisor _____

Use additional paper if necessary.

- Your residency history for the past ten years

Address _____

City _____ State _____ ZipCode _____

From: _____ To _____

Address _____

City _____ State _____ ZipCode _____
From: _____ To _____

Address _____
City _____ State _____ ZipCode _____
From: _____ To _____

- 18. Do you have \$ _____ (amount of capital) necessary for the business?

- 19. Would there be any partner or investor involved in the franchise? If yes, who?

- 20. How would you describe yourself? What are your strengths? _____
_____ What are your weaknesses? _____

- 21. In your opinion, what characteristics do you possess that will help you build your business? _____

- 22. How do you feel about following a prescribed business system and the regulations that go with it vs. one you develop yourself? _____

- 23. What are your particular motivations for considering a personal assistance care company franchise? _____

- 24. Where are your goals for your company for 3 years from today.

- 5 years from today _____

Comments:

Date: _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime phone _____ Mobile _____

Fax Number _____

Email: _____