



SEEK Franchising, LLC

FRANCHISE APPLICATION

SEEK Franchising, LLC., 1160 Opportunity Drive, P.O. Box 572, Grafton, WI, 53024-0572

PERSONAL INFORMATION

First Name		Middle Name		Last Name					
Daytime Telephone Number		Home Telephone Number		Cell Phone Number		E-Mail Address			
Street Address		City		State		Zip Code		How long?	
If at above address for less than 5 years.									
Previous Address		City		State		Zip Code		How long?	
Social Security No.		Date of Birth		Place of Birth		Driver's License Number		State of Issuance	
<input type="checkbox"/> Single	<input type="checkbox"/> Married	Spouse's Name		Spouse's DOB		No. of Dependents			
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No									
How did you hear about SEEK franchise offerings?									
What caught your interest in our franchises?									
Any health problems that may affect your ability to meet the physical demands of operating a staffing business?									

EMPLOYMENT HISTORY Please provide accurate, complete information about your employment for at least the past seven years. If additional space is needed, please continue on a separate sheet (resumes acceptable). Begin with present or most recent employment.

Present or Last Employer		Address		From	To	Employment (Month and Year)	
Name of Supervisor and Title		Telephone Number		<input type="checkbox"/> Yes <input type="checkbox"/> No		May We Contact?	
Reason for Leaving							
Current / Ending Salary							
Describe any experience in sales or management							

EDUCATION HISTORY

Last School Attended	
Course of Study Number	
Number of Years Completed	
Highest Degree Earned	

BUSINESS OWNERSHIP HISTORY *If you presently own or have owned a business, please complete the following:*

Legal Name of Business	Type of Business	Years in Business
Address	Telephone Number	

BUSINESS TRADE REFERENCES

Name	Address	Telephone Number	Contact Name	Customer Account Number
Name	Address	Telephone Number	Contact Name	Customer Account Number

BUSINESS BANK REFERENCES

Name	Address	Telephone Number	Contact Name	Customer Account Number
Name	Address	Telephone Number	Contact Name	Customer Account Number

APPLICANT'S PROPOSED BUSINESS PLAN

Do you plan to personally operate the location, devoting full time to this business venture? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, who will be responsible for the day-to-day operations?	
Anticipated location opening date.	
Please indicate the trade areas where you have interest in owning a SEEK Franchise (two top choices).	
1.)	2.)
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, to which area?
Are you planning to purchase or lease the real estate? <input type="checkbox"/> Purchase <input type="checkbox"/> Lease	
How much cash are you prepared to invest in the franchise?	\$
Source of Cash Assets:	Liquid Net Value of Assets:
	\$
	\$
	\$
	\$
Will any part of the investment be borrowed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much will you borrow? \$

List proposed partners/investors:			
1.) Partner/Investor Name			
Percentage of Proposed Ownership		%	Proposed Dollar Amount of Investment \$
2.) Partner/Investor Name			
Percentage of Proposed Ownership		%	Proposed Dollar Amount of Investment \$
3.) Partner/Investor Name			
Percentage of Proposed Ownership		%	Proposed Dollar Amount of Investment \$
4.) Partner/Investor Name			
Percentage of Proposed Ownership		%	Proposed Dollar Amount of Investment \$
Does any Partner/Investor own interest in a staffing business? <input type="checkbox"/> Yes <input type="checkbox"/> No			

APPLICANT'S—FINANCIAL STATEMENT

The following statement of financial condition is accurate as of (mo) _____, (date) _____ (year) _____ (Date) and submitted for the purpose of acquiring a SEEK © franchise. ROUND AMOUNTS TO THE NEAREST HUNDRED, WRITE "NO" OR "NONE" WHERE NECESSARY TO COMPLETE INFORMATION

PRESENT ANNUAL INCOME:	Applicant Income	\$	Spouse Income	\$
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ASSETS ❶		AMOUNT	LIABILITIES		AMOUNT
CASH AND CASH ACCOUNTS (Schedule A)			NOTES PAYABLE—BANKS SECURED (Schedule F)		
GOV'T AND LISTED SECURITIES (Schedule B)			NOTES PAYABLE—BANK UNSECURED (Schedule F)		
BUSINESS EQUITY ❷			NOTES PAYABLE OTHERS (Schedule F)		
UNLISTED SECURITIES (Schedule B)			LIFE INSURANCE LOANS ❸		
ACCOUNTS AND NOTES RECEIVABLE ❸			ACCOUNTS PAYABLE ❸		
CASH VALUE (NOT "FACE VALUE") OF LIFE INSURANCE (Schedule C)			REAL ESTATE MORTGAGES PAYABLE (Schedule D)		
REAL ESTATE OWNED (Schedule D)			REAL ESTATE TAX		
VESTED INTEREST IN DEFERRED COMPENSATION PLANS AND/OR RETIREMENT PLANS (Schedule E)			UNPAID INCOME TAXES		
AUTOMOBILE(S)			CREDIT CARDS		
PRECIOUS METALS			PERSONAL LOANS/GUARANTEES		
OTHER PERSONAL PROPERTY			EDUCATIONAL LOANS		
OTHER ASSETS ❸			BUSINESS LOAN/TAX OBLIGATIONS		
			OTHER DEBTS ❸		
TOTAL ASSETS \$			TOTAL LIABILITIES \$		
			NET WORTH \$ (Total assets minus liabilities)		

❶ If any asset is owned other than by the undersigned, individually, such as in a trust, joint tenancy or nominee name, indicated this in the appropriate schedule or attach a detailed explanation.
 ❷ Attach a current balance sheet and profit and loss statement of the business as applicable.
 ❸ Attach detailed explanation.

SCHEDULE A CASH, CHECKING/SAVINGS ACCOUNTS, MONEY MARKET, MUTUAL FUNDS AND CERTIFICATES OF DEPOSIT

ACCOUNT	NAME OF FINANCIAL INSTITUTION	ACCOUNT BALANCE	IN NAME OF	PLEGGED	
				YES	NO

SCHEDULE B SECURITIES OWNED, TREASURY BILLS, 401K'S, IRA'S, OTHER RETIREMENT FUNDS.

NO. OF SHARES OR FACE VALUE OF BONDS	DESCRIPTION	IN NAME OF	CURRENT MARKET VALUE	PLEGGED	
				YES	NO

SCHEDULE C LIFE INSURANCE OWNED, INCLUDING GROUP INSURANCE

NAME OF COMPANY	INSURED	FACE VALUE	CASH VALUE	LOANS	BENEFICIARY

SCHEDULE D REAL ESTATE OWNED

PROPERTY DESCRIPTION	NAME OF CREDITOR	YEAR ACQUIRED	PURCHASE PRICE	MORTGAGE BALANCE	DATE OF MATURITY	REPAYMENT TERMS	CURRENT MKT. VALUE

SCHEDULE E VESTED INTEREST IN DEFERRED COMPENSATION PLANS AND/OR RETIREMENT PLANS

INSTITUTION	TYPE OF ACCOUNT	ACCOUNT BALANCE	AMOUNT TOTALLY VESTED	LOANS

SCHEDULE F NAMES OF BANKS, FINANCE COMPANIES OR OTHER SOURCES WHERE LOANS ARE OUTSTANDING

LENDER/CREDITOR	COLLATERAL	DATE OF MATURITY	REPAYMENT TERMS	SECURED		BALANCE DUE
				YES	NO	

Attach a separate page with additional information if you do not have space to provide all information requested.

APPLICANT'S—REFERENCES *TWO PERSONAL AND TWO BUSINESS REFERENCES.*

Name	How do you know them?	How long have you known them?
Address		Telephone Number
Name	How do you know them?	How long have you known them?
Address		Telephone Number
Name	How do you know them?	How long have you known them?
Address		Telephone Number
Name	How do you know them?	How long have you known them?
Address		Telephone Number

EQUITY INVESTORS—REFERENCES *TWO PERSONAL AND TWO BUSINESS REFERENCES FOR EACH INVESTOR. USE SEPARATE SHEET IF NECESSARY.*

Name	How do you know them?	How long have you known them?
Address		Telephone Number
Name	How do you know them?	How long have you known them?
Address		Telephone Number
Name	How do you know them?	How long have you known them?
Address		Telephone Number
Name	How do you know them?	How long have you known them?
Address		Telephone Number

APPLICANTS—MILITARY SERVICE

Branch of Service	Dates To – From	Discharge status

Please answer on a separate sheet.

If the answer to any of the questions below is yes, please attach a detailed explanation of when, where, the nature, and the outcome of the situation.

Do you have any arrests or convictions, except traffic violations? Yes No

Have you ever filed for bankruptcy or had a bankruptcy petition filed against an entity in which you held an ownership interest?
 Yes No

Have you ever sued or been sued? Yes No

Have you ever been associated directly or indirectly with terrorist activities? Yes No

Will you have a cushion of cash reserves if things start out slow and you are losing money? Yes No

Will you resent paying royalties if things start slow and you are losing money? Yes No

Have you ever been involved with a franchise? Yes No

Would you have interest in an existing location if one came up for sale? Yes No

Have you ever been bonded or applied for a bond? Yes No

If yes, by whom? _____

Has your bond been withdrawn or your application rejected? Yes No

If yes, give particulars: _____

Are you current in your (and your business) tax obligations? Yes No

If no, please explain: _____

Were you (or your business) ever subject to a tax lien? Yes No

If yes, please explain: _____

Please answer on a separate sheet.

- 1.) How much of your net worth listed in the financial section is LIQUID (cash on hand after tax and selling commission for stocks, or penalty and taxes on withdrawals?) Do not include retirement money or 401k and other plans.
- 2.) Where will your \$208,000 - \$400,000 start-up capital come from?
- 3.) Have you ever owned your own business?
 - a. If yes, how long.
 - b. What happened to the business?
- 4.) What do you like most about your present job?
- 5.) Where do you get the most satisfaction of life from?
- 6.) How will your prior experiences help you to lead a SEEK location?
- 7.) In opening up your own business, what are you looking to achieve?
- 8.) What has made you decide that now is the right time to open a business?
- 9.) Will any other family members or friends be involved in starting your SEEK business?
 - a. Describe their level of excitement for opening the business?
- 10.) What impact do you think the business will have on your personal life (ie. Marriage, relationships, family, and children)?
- 11.) How many hours per week do you expect to be working during the startup period (through the first 3 months of actual operations)? After one year? After fully established?

- 12.) What do you expect your involvement to be with the business?
- 13.) What are your hobbies and outside interests?
- 14.) What are your short and long term goals and how will a SEEK business help you to reach those goals?
- 15.) In what ways will owning a SEEK location be better or worse than your present job or situation?
- 16.) Other than SEEK, what other business opportunities are you evaluating?
- 17.) When you hear the word "franchise," what comes to mind?
- 18.) What disadvantages do you see with being a part of a franchise system?

I will immediately notify you in writing if there is a material change in my financial condition. You may verify the information contained in this statement with any third party. You may also release any information to others regarding my financial condition, and any other information referenced in this application.

I represent and declare under penalty of perjury that the foregoing is a true and correct statement of my financial condition. Any existing or threatening litigation, claim or circumstance which might reasonably be expected to affect my condition in the future is fully described below or in an attached statement.

AUTHORIZATION AND CONSENT TO RELEASE FOR INVESTIGATIVE REPORT

The acceptance of this Franchise Application by SEEK Franchising, LLC. ("SEEK ") should not be considered a grant of a franchise. We grant franchises only by executing a written franchise agreement. Consistent with the USA Patriot Act and other related anti-terrorist legislation, I understand that I will not be approved to purchase a franchise if I have ever been a suspected terrorist or associated directly or indirectly with terrorist activities, as further described at the Internet web site www.us.treas.gov/office/enforcement/ofac. I agree to comply with or to assist SEEK to the fullest extent possible in SEEK's efforts to comply with the above law.

As part of the application and approval process, I understand that certain background investigations may be conducted. I authorize SEEK or its agents to obtain a Consumer Report on me. This report may include information as to my character, general reputation, personal characteristics and mode of living, discerned through employment and education verifications; personal driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civic history/records and any other public record. This report may be compiled with information obtained from credit bureaus, court record repositories, departments of motor vehicles, past or present employers, educational institutions, governmental occupational licensing or registration entities, business or personal references and any other sources.

Law enforcement and other government agencies are authorized to release to SEEK or its agents, any existing personal information regarding myself relative to the conviction or arrest for any criminal act. In addition, I authorize all appropriate individuals, companies, institutions or agencies to release information SEEK deems necessary to complete the investigative consumer report.

I understand that a photocopy of this authorization would be accepted with the same authority as the original.

Full Legal Name: First _____ Middle _____ Last _____

Previous Names Used: _____ Dates Used: _____

Please list cities, counties, states, and countries of residence for the last seven (7) years, excluding current address:

City		County		State		Country	
City		County		State		Country	
City		County		State		Country	
City		County		State		Country	

Signature: _____ **Date:** _____