

PROSPECTIVE LICENSEE APPLICATION FORM



WE TEACH MATH

Grade Math Programs
5225 Orbitor Drive, Unit 20
Mississauga, ON L4W 4Y8
Tel (905) 624-9661; Fax (905) 629-0079
www.grademath.com

Thank you for your inquiry about a Grade Math business opportunity. Completion of this Application Form will allow Grade Math to consider your qualifications on a preliminary basis. Submitting this form does not obligate you or Grade Math in any way and all information will be held in the strictest of confidence. Please attach additional pages in necessary. Please print or type. This is not an employment contract or a license agreement.



**Submitting this form does not obligate you or Grade Math in any way.*

PERSONAL DATA:

Name:

Mr./Mrs./Ms., _____ , _____
Last *First* *Middle*

Address: _____

Telephone: _____

Home: () _____

Postal Code: _____

Work/Cell: () _____

Email address: _____

Are you a Canadian Citizen? Yes No

If not, are you a permanent resident? Yes No

If you are not a permanent resident, or an immigrant, what is your non-immigrant status?

Do you have children? Yes No

Their ages:

How did you learn of our organization? (check all that apply)

- | | |
|-----------------------------------|--------------------------------|
| _____ Through a friend | _____ Newspaper (which paper?) |
| _____ Have children in Grade Math | _____ Radio (which station?) |
| _____ Teacher referral | _____ Website (which site?) |
| _____ Other | |

EDUCATION:

School	Name & Location	Course of Study	Year Completed	Degree or Diploma
College/University				
High School				
Other				

SPECIAL SKILLS, ABILITIES, ETC.:

Highest level of math attained:

Languages:

What is your native language? _____

What other languages do you speak/write? _____



EMPLOYMENT AND BUSINESS HISTORY:

(Start with present or most recent employer. Attach a resume, if applicable)

Company Name & Address:	Position Held:	Dates Employed: From: _____ To: _____
Phone Number ()	Description of Duties:	Reason for Leaving:
Supervisor's Name:		

Company Name & Address:	Position Held:	Dates Employed: From: _____ To: _____
Phone Number ()	Description of Duties:	Reason for Leaving:
Supervisor's Name:		

Do you now own, or have you ever owned your own business? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, describe:

Are you a partner or officer in any other business venture? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, describe:

Have you ever been convicted of a crime (except traffic misdemeanours)? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, describe:

In the past 36 months, have you been involved in any type of civil or criminal litigation? Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, provide date and details:

Are you a defendant in any suits or legal actions of any kind? Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, provide date and details:



PERSONAL REFERENCES:

Name	Address	Telephone number	Relationship

BUSINESS REFERENCES:

Name	Address	Telephone number	Relationship

BANK & CREDIT REFERENCES:

Name	Address	Telephone number	Relationship

BUSINESS PLAN:

Where would you like to open a Grade Math centre? Which area?
 First choice: _____ Second choice: _____ Third choice: _____
 What is your business objective? _____
 Do you have a business plan? Yes No
 When will you be able to open a Grade Math Centre? _____
 How many hours per week will you devote to this business? _____

FINANCIAL STATEMENT As of _____, 20_____.

This is a statement of: My individual financial condition The financial condition of my spouse and me.

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash on hand & in the bank	\$ _____	Loans payable to bank	\$ _____
Securities-stocks, bonds, GIC's	\$ _____	Loans payable to others	\$ _____
Cash surrender value of your life insurance	\$ _____	Unpaid Income Tax	\$ _____
Automobiles and other personal property	\$ _____	Real estate mortgage payable	\$ _____
Other assets - itemize	\$ _____	Chattel mortgages and other liens payable (ex. Car payments)	\$ _____
		Other debts - itemize	\$ _____

NET WORTH (total assets minus total liabilities) \$ _____



ANNUAL INCOME	AMOUNT	ANNUAL EXPENDITURES	AMOUNT
Salary or wages	\$ _____	Federal & Provincial Income taxes	\$ _____
Dividends & Interests	\$ _____	Real estate and loan payments	\$ _____
Rental Income (gross)	\$ _____	Rental Income and Overhead expenses	\$ _____
Business Income (net)	\$ _____	Estimated living expenses	\$ _____
Other income	\$ _____	Other expenses	\$ _____
TOTAL ANNUAL INCOME	\$ _____	TOTAL ANNUAL EXPENDITURES	\$ _____

How much capital are you able to invest? _____

Will you use personal assets to finance this business? Yes No

Please explain: _____

Have you filed for bankruptcy or compromised a debt during the past seven years? Yes No

If yes, please explain. (Attach additional page if necessary): _____

Are any of your assets held in joint tenancy? Yes No With whom?

Please provide bank details: _____



GRADE MATH AUTHORIZATION AND RELEASE OF PERSONAL INFORMATION

As part of the application and approval process, I understand that certain background investigations may be conducted. I hereby authorized Grade Math (the "Company") or its agent or contractor to procure a Consumer Report which could include obtaining and/or verifying information regarding credit worthiness, credit standing, credit capacity, general character, general reputation or personal characteristics. This report may be compiled with information obtained from credit bureaus, court record repositories, department of motor vehicles, past or present employers, educational institutions, governmental occupational licensing or registration entities, business or personal references and any other source.

I authorized law enforcement and other government agencies to release to the Company, or its agent or contractor, any existing personal information regarding myself relative to the conviction of any criminal act.

I authorized all appropriate individuals, companies, institutions, schools, government authorities to release, or verify any information.

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

For identification purposes only.

Print name of Applicant: _____

Driver's License Number and Province: _____

Date of Birth: _____

Place of Birth: _____

Signature: _____ Date: _____

Witness: _____ Date: _____

CERTIFICATION AND WAIVER

You confirm that all the information disclosed herein is complete, accurate and true. The falsification or withholding of any information will give us cause for terminating the application process or, if discovered after you obtain a license, terminating the business.

The undersigned certifies that the information contained in this application form has been carefully read and is true and correct.

Signature: _____ Date: _____

Witness: _____ Date: _____

(Print witness name and provide address and telephone number)