



CONFIDENTIAL

Qualification Profile

The more we understand your needs, wants, goals and values, the better we will be able to assist you.

Contact information

Name	
Address	
City, State, Zip	
Home Phone	
Office Phone	
Cell	
Fax	
Email	

Instructions: This is a type on document. First save to your computer, fill in your information and return via email. You can also print and fax it to:

MURPHY OFFICE: Sacramento

NAME: Andrew Rogerson

ADDRESS: 5150 Fair Oaks Blvd, #101-198, Carmichael, CA, 95608-5788

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· 5150 Fair Oaks Blvd, #101-198, Carmichael, CA, 95608-5788

· Phone: (916) 570-2674 · Fax: (916) 473-8655

· Email: Andrew@RogersonBusinessServices.com

· Web: www.RogersonBusinessServices.com

PERSONAL and BUSINESS INFORMATION

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

U.S. Citizen Yes No

Own Rent How long? _____

Telephone Numbers: Home (_____) _____ Work (_____) _____

Cell (_____) _____ Fax(_____) _____

Email _____

Best time to call: _____

Education: High School Bachelors Masters PhD Other

University or College(s) Attended _____

Major(s) _____ Year Graduated _____

Employment: Current occupation _____

Type of Business _____

Title/Position _____

Length of Employment _____ Salary _____

Responsibilities: (*attach resume if available*) _____

Professional affiliations _____

Previous Employment _____

Type of Business _____

Spouse's Current Employment _____

Type of Business _____

Title/Position _____ Length of Employment _____ Salary _____

Have you ever owned or operated a business? Yes

Full-time

Part-time

No

If yes, explain _____

What attracts you to owning your own business now? _____

What did you like MOST about your past job or business? _____

What did you like LEAST about your past job or business? _____

What do you consider your GREATEST achievement? _____

On the basis of your work experience, your strengths are? _____

Your weaknesses are? _____

Would you enjoy owning a business where you:

Consult Sell Market (check all that apply) your product or service?

How do you rate your sales ability? Weak Average Strong Very strong

Why are you considering a change from employment at this time? _____

In terms of purchasing a business or franchise I am: Mildly Interested

Very Interested Ready To Purchase

Do you have any experience in: Advertising/Marketing Public Relations

Sales Management Customer Service Finance

Will you devote full time to your business? Yes No

How did you **first** become aware of Murphy?

Friend/Associate Magazine Ad Newspaper Ad Web Site Mailer

Magazine/Newspaper Existing Franchise Other _____

Name of source checked above _____

How would you rank your family's support of starting a new business?

Fair Medium Good Very Good

Explain: _____

Will family members be involved with you in the business? Yes No Whom _____

How would you rate your following business skills?

Sales Average Good Very Good Excellent

Management Average Good Very Good Excellent

Organization Average Good Very Good Excellent

Financial Average Good Very Good Excellent

Marketing Average Good Very Good Excellent

Customer Service Average Good Very Good Excellent

Rank the most important starting with 1 and the least important 10

Control My Future _____

Build a Business _____

Personal Growth _____

Flexible Time _____

Family Involvement _____

Community Involvement _____

Income Level _____

Build to Sell _____

Be My Own Boss _____

Other _____

Please select the attributes that best describe you.

Amiable	<input type="checkbox"/>	Reliable	<input type="checkbox"/>
Controlling	<input type="checkbox"/>	Competitive	<input type="checkbox"/>
Independent	<input type="checkbox"/>	Hard Working	<input type="checkbox"/>
Outgoing	<input type="checkbox"/>	Results Oriented	<input type="checkbox"/>
Flexible	<input type="checkbox"/>	Money Oriented	<input type="checkbox"/>
Diplomatic	<input type="checkbox"/>	Risk Taker	<input type="checkbox"/>
Persuasive	<input type="checkbox"/>	Open Minded	<input type="checkbox"/>
Leader	<input type="checkbox"/>	Intuitive	<input type="checkbox"/>
Direct	<input type="checkbox"/>	Considerate	<input type="checkbox"/>
Growth Oriented	<input type="checkbox"/>	Understanding	<input type="checkbox"/>
Loyal	<input type="checkbox"/>	Spontaneous	<input type="checkbox"/>

How long have you been researching business and franchise opportunities? _____

How will you know when you have found the right business? _____

In what geographical area would you like to operate your business? _____

How soon do you want to start this business?

Whatever success you have enjoyed in your past business experience, many people are looking for something different and better; please share the three most significant "changes" that you would like to overcome by owning your own business, being your own boss:

- 1.
- 2.
- 3.

What business categories do you have an interest in?

What kind of business hours are you interested in?

Part-time Full-time Management

Is the opportunity to have a multiple unit operation important to you?

Yes No

Daily roles you would enjoy:

Managing Employees	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sales prospecting	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Marketing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Networking	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Customer Service	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Providing service quotes & estimates	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please describe below the most important things to you in choosing a business (these can include but are not limited to money, success, lifestyle, learning, challenge, fun, personal satisfaction, achievement or anything else that you think is important):

Have you ever been convicted of a felony? Yes No

If yes, explain _____

Have you ever filed bankruptcy? Yes No

Have you ever been an officer in a company that has declared bankruptcy?
 Yes No

Cash available for investment in a business \$_____

Do you have a source for additional funds without obtaining a business loan?

Yes No If yes, please explain _____

Monthly household overhead \$_____

How will you cover your monthly living expenses as you build the business?

_____ Do you want to supplement or replace your current income? _____

Business Characteristics

My ideal business would look something like this (check most appropriate answer in each case):

Proven, easily replicated system important somewhat don't care

Recognized business or franchise brand important somewhat don't care

Potential for significant growth important somewhat don't care

Potential for longevity of the business is important somewhat don't care

Image of business interested in (check all that apply)

professional don't care
 automotive retail food
 service/business services
 home/personal services

Business location is based at store front home office commercial office
 calling on customers in their business or
 calling on customers in their home

Business environment casual suit and tie don't care
Competition would be high moderate low
Customer type desired care repeat businesses general public don't

Employee type desired care blue collar white collar skilled don't

Number of employees 10+ 5-9 none to 4

Product versus service products services both

Your cash investment level \$100k \$50-99k \$25-49k
Maturity of business support and structure a mature, well-established business w/strong

a young, developing business w/good support, but more flexibility

a ground floor opportunity, offering the highest potential reward or risk

Who will make decision (check all that applies) me spouse other

Management style

actively involved in all aspects of the business

develop employees and delegate responsibilities

Timeframe for being in business

3 – 6 mos. 1- 3 mos. now

Timeframe for deciding

3 – 6 mos. 1- 3 mos. now

Growth

multiple units prefer one unit if same monetary success is possible

Your need for personal income

1+ year 6 – 9 mos. 3 – 6 mos.

Hours of business

prepared to work whatever hours needed to launch the business

willing to work nights & weekends as retail requires

only interested in traditional business hours

Preferred roles in the business

customer service

management of staff

management of operations

prospecting for business, product sales or service

marketing, networking, developing referral sources

Risk/Opportunity

want to 'cherry pick' locations or markets

among the first in my community to open

prefer to wait until others are already in business in my market to benefit from their experience

Income

goal is make the maximum income possible

seeking to grow and sell business

plan to slow down when goals are met

How do you want your family and friends to perceive your business? Contributes to society

My business' tangible assets exhibit my financial success

My previous experience was a key factor for entry and success I don't care

FINANCIALS

ASSETS

LIABILITES & NET WORTH

Cash In Banks (itemize)	\$		Notes Due Banks and Others (itemized)	\$	
	\$			\$	
	\$			\$	
Marketable Stocks & Bonds	\$		Taxes Payable	\$	
	\$			\$	
Life Insurance Cash Surrender Value	\$		Loans	\$	
	\$			\$	
TOTAL CURRENT ASSETS	\$		TOTAL CURRENT LIABILITIES	\$	
	\$			\$	
Real Estate Owned	\$		Real Estate Mortgages	\$	
Other Assets	\$		Other Liabilities	\$	
	\$			\$	
Retirement Accounts	\$			\$	
IRAs	\$		TOTAL NON-CURRENT LIABILITIES	\$	
401k	\$		TOTAL LIABILITES	\$	
TOTAL NON-CURRENT ASSETS	\$		NET WORTH	\$	
TOTAL ASSETS	\$		TOTAL LIABILITES & NET WORTH	\$	

SOURCE OF ANNUAL INCOME		ESTIMATE OF ANNUAL EXPENSES		
Salary			Mortgage Payments	
Bonus & Commissions			Automobile Payments or Lease	
Dividends			Insurance Premiums	
Other Income			Other Expenses	
TOTAL			TOTAL	

I certify that the information I have provided on this application is complete and correct. I authorize the release of this information to obtain verification of any of the above information. The purpose of this questionnaire is to compile general information and is not binding upon either part.

THIS IS NOT A CONTRACT

Yes I agree Name: