



## ***CONFIDENTIAL***

### **Qualification Profile**

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

#### **Contact information**

<b>Name</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Home Phone</b>	
<b>Office Phone</b>	
<b>Cell</b>	
<b>Fax</b>	
<b>Email</b>	

**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

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## **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	\$	
	\$			\$	
<b>TOTAL CURRENT ASSETS</b>	\$		<b>TOTAL CURRENT LIABILITIES</b>	\$	
	\$			\$	
Real Estate Owned	\$		Real Estate Mortgages	\$	
Other Assets	\$		Other Liabilities	\$	
	\$			\$	
Retirement Accounts	\$			\$	
IRAs	\$		<b>TOTAL NON-CURRENT LIABILITIES</b>	\$	
401k	\$		<b>TOTAL LIABILITES</b>	\$	
<b>TOTAL NON-CURRENT ASSETS</b>	\$		<b>NET WORTH</b>	\$	
<b>TOTAL ASSETS</b>	\$		<b>TOTAL LIABILITES &amp; NET WORTH</b>	\$	

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

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: