



Academy Franchise Partnership, Inc.

**REGIONAL DEVELOPER
FRANCHISEE
CANDIDATE QUESTIONNAIRE**

~ CONFIDENTIAL ~

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Name: _____

Regional Developer Candidate ()

Franchisee Candidate ()

QUESTIONNAIRE INSTRUCTIONS

This Questionnaire is *not* a contract nor is it an offer of a Region or a Franchise territory. It is designed to provide information about each Candidate for a Regional Developer or Franchisee position in this franchise. All information is considered confidential. No information of a personal nature is requested, nor is financial information requested. Please do *not* supply such information in completing this Questionnaire or attach it hereto.

1. Please read this entire Questionnaire *prior to* completing it.
2. Respond accurately and candidly to each question.
3. Complete all questions with full answers.
4. Submit the Questionnaire to:

Academy Franchise Partnership, Inc.
Franchise Review Committee
Post Office Box 50266
Phoenix, Arizona 85076

Do not fold this Questionnaire for mailing.

You will be notified of the interview date, time, and location if selected for further consideration for a Region or a Franchise territory.

All interviews will be held in the Phoenix, Arizona area. Each Candidate is solely responsible for their own expenses, including travel, meals, and lodging.

For inquiries, please contact: Beau W. Bock
602-799-0950

REGIONAL DEVELOPER/FRANCHISEE CANDIDATE QUESTIONNAIRE

[Please Do Not Write “See Resume” For Any Responses]

Please Print Neatly: Full Name: _____

Complete Address: _____

Telephone Number: _____ (_____) _____

Cellular Number: _____ (_____) _____

Fax Number: _____ (_____) _____

E-mail Address: _____

- 1) As a Franchisee responsible for marketing, developing a territory, and managing an Academy centered upon the instruction of the English language, how much time and effort do you feel should be devoted daily to achieve established goals?

- 2) Do you possess organizational skills enabling you to exercise proper Academy management, control, and monitoring?

_____ Limited _____ Moderate _____ Extensive

Please Explain:

3) Do you have the experience and ability to operate effectively and independently, initiate sales and marketing calls, and conduct meetings and presentations with prospective, current, and former Students and Clients?

_____ Yes _____ No

Please Explain:

4) The ability to interact intelligently and effectively with Students, Staff, and business Clients, both verbally and through correspondence, is essential to promoting, developing, and maintaining a successful Academy business. Explain your apropos strong points based on your business experience and successes.

5) What has been your most rewarding accomplishment in business that resulted from dedicated perseverance on your part? Explain in detail.

6) What has been your most rewarding achievement on a *personal* level that resulted from dedicated perseverance on your part? Explain in detail.

7) List your three most *significant* accomplishments during your previous business or professional experience? Explain each one in detail.

8) List your *single* most frustrating experience in your previous business or professional experience. Explain in detail.

9) On a scale of 1 through 10, rate yourself in the following areas:
(1 = Poor, 10 = Perfect)

- A - Marketing Abilities _____
- B - Organizational Skills _____
- C - Managerial/Supervisory Skills _____
- D - Communication Skills (oral/written) _____
- E - Planning _____
- F - Problem Solving _____
- G - Time Management Abilities _____
- H - Interpersonal Skills _____
- I - Motivational Skills _____
 - Self Motivation _____
 - Ability to Motivate Others _____
- J - Computer Literacy _____
- K - Ability to Learn and Take Direction _____
- L - Interviewing/Hiring Skills _____
- M - Human Resources Skills _____

10) If you were allotted one hundred (100) training hours, designate next to each category how many of these 100 hours you would dedicate to the corresponding category. (Utilize all, but no more than, the one hundred hours.)

- A - Marketing Abilities _____
- B - Organizational Skills _____
- C - Managerial/Supervisory Skills _____
- D - Communication Skills (oral/written) _____
- E - Planning _____
- F - Problem Solving _____
- G - Time Management Abilities _____
- H - Interpersonal Skills _____
- I - Motivational Skills _____
 - Self Motivation _____
 - Ability to Motivate Others _____
- J - Computer Literacy _____
- K - Ability to Learn and Take Direction _____
- L - Interviewing/Hiring Skills _____
- M - Human Resources Skills _____

11) Is ultimate ownership of your own business something that you have planned for?
In what time frame?

_____ Yes _____ No Time Frame: _____

Why does business ownership appeal to you?

12) Have you been a manager or supervisor in any of your current or past positions?

_____ Yes _____ No

Explain in Detail:

13) Given a franchise territory responsibility to direct, do you believe that you have the capability to adequately develop and maintain a Student/Client base?

_____ Yes _____ Not Sure _____ No

Explain in Detail:

14) What time period do you believe would be necessary to develop a Student/Client base that would adequately achieve your primary financial goals?

Time frame: _____

Please Explain:

15) What newspapers or periodicals do you read or subscribe to?

16) Outline your short term and long term business goals (include personal financial goals).

Short Term: _____

Long Term: _____

17) Do you believe that you would be successful in operating an Academy as a Franchisee?

_____ Yes

_____ Not Sure

_____ No

Please Explain:

18) Why are you interested in operating an Academy as a Franchisee?

19) Despite your best efforts, sometimes Student/Client calls do not always result in positive end results or successful closing at first. How do you view rejection of this type?

Explain in Detail:

20) Do you have any restrictions that would preclude you from accepting fulltime responsibilities to operate an Academy Franchise?

_____ Yes _____ No

Please Explain:

21) How many hours a week would you be willing to devote to attain your goal in running a successful Academy Franchise? _____

How many hours do you estimate would be necessary? _____

Please Explain:

22) List in rank order which of the following motivates you most to succeed:
(1 = Most, 6 = Least)

- Self Satisfaction _____
- Happiness _____
- Personal Income _____
- Career Challenge _____
- Business Success _____
- Profit _____

23) As a Franchisee of a reputable Franchisor, you would operate under corporate guidelines and policies designed to afford you the greatest chance of success in developing your Franchise's business. Are you able to work comfortably within such guidelines, yet maintain entrepreneurial interest?

_____ Yes _____ Not Sure _____ No

Explain in Detail:

24) What do you feel are the greatest challenges facing a business with respect to profitability?

Explain in Detail:

25) Do you rate your writing communication skills as excellent?

_____ Yes _____ No

If no, rate your written communication skills:

26) What types of businesses do you believe would benefit by The Academy's services?

27) Why do you want an instructional institution Franchise?

Please Explain:

28) Please summarize your views about operating a private Academy.

Explain in Detail:

29. Have you ever been employed by a Franchisee?

_____ Yes _____ No

Explain in Detail:

30. Do you intend to have partners if awarded this Franchise?

_____ Yes _____ No

Please identify each partner by name and relationship.

Name

Relationship

31. Do you intend to borrow funds to help you purchase or develop this Franchise?

_____ Yes _____ No If yes, \$_____ Amount

Source of funds: _____

32. Does your family support your decision to initiate this Franchise?

_____ Completely _____ Somewhat _____ Not At All

Explain in Detail:

33. In the past ten years, have you filed for personal bankruptcy?

_____ Yes _____ No _____ Year Discharged

Explain in Detail:

34. In the past ten years, has a business you have had *any* ownership interest in filed for bankruptcy protection?

_____ Yes _____ No _____ Chapter _____ Year Discharged

Explain in Detail:

35. Why do you believe you are qualified to be a Franchisee in the Academy's Franchise system?

Explain in Detail:

36. What qualities and characteristics will you look for in the Franchisor?

Explain in Detail:

Please list any questions you have pertaining to this opportunity.

37) Have you ever been convicted of a criminal offense?

_____ Yes _____ No

Explain in Detail:

38) As part of our screening process, are you willing to submit to a complete background investigation to include criminal history, social security number verification, credit check, employment review, personal references contact, and drug screening?

_____ Yes _____ No

39) Have you ever owned a Franchise?

_____ Yes _____ No

Please explain the circumstances of that ownership.

Explain in Detail:

Date

Signature

Successful Candidates must meet State Licensing Guidelines to operate a private postsecondary instructional institution, where applicable. This Questionnaire will be used to determine the Candidate's qualifications, eligibility, and suitability for further consideration in the interview process. All Questionnaires will be held in strict confidence and are the exclusive property of Academy Franchise Partnership, Inc.

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BACKGROUND INFORMATION

Education:

High School: _____

Address: _____

City/State: _____

Highest Grade Completed: 10 11 12

College: _____

Address: _____

City/State: _____

Highest Grade Completed: 13 14 15 16

Degree Conferred: Yes _____ No _____ Degree: _____

Graduate School: _____

Address: _____

City/State: _____

Credits Earned: _____

Degree Conferred: Yes _____ No _____ Degree: _____

Employment:

Current Employer: _____

Firm or Company

Street Address

Suite #

City/State

Zip code

Position

Presently Employed: Yes _____ No _____

Dates of Employment: From: _____ To: _____

Reason for Leaving: _____

Previous Employer: _____

Firm or Company

Street Address Suite #

City/State Zip code

Position

Dates of Employment: From: _____ To: _____

Reason for Leaving: _____

Previous Employer: _____

Firm or Company

Street Address Suite #

City/State Zip code

Position

Dates of Employment: From: _____ To: _____

Reason for Leaving: _____

Previous Employer: _____
Firm or Company

Street Address Suite #

City/State Zip code

Position

Dates of Employment: From: _____ To: _____

Reason for Leaving: _____

Do you have experience in Education? _____ Yes _____ No

Explain in Detail:

Do you have experience in Second Language Instruction? _____ Yes _____ No

Explain in Detail:

Do you have experience in Literacy Instruction? _____ Yes _____ No

Explain in Detail:

Do you have experience in Writing Skills Instruction? _____ Yes _____ No

Explain in Detail:

Do you have experience in Human Resources? _____ Yes _____ No

Explain in Detail:

Do you have experience in Business Ownership? _____ Yes _____ No

Explain in Detail:

Do you have experience as a Franchisee? _____ Yes _____ No

Explain in Detail:

What Is Your Approximate Availability of Liquid Assets?

\$ _____

Is this Readily Verifiable? _____ Yes _____ No

Of *Available* Counties To Be Franchised As Exclusive Territories, List Those You Would Be Interested In Establishing Academies In At This Time:

- | | |
|--------------------------|--------------------------|
| 1. _____
County/State | 6. _____
County/State |
| 2. _____
County/State | 7. _____
County/State |

3. _____
County/State
4. _____
County/State
5. _____
County/State
8. _____
County/State
9. _____
County/State
10. _____
County/State

Do You Have An Interest In Establishing Multiple Academy Units Within Each Territory?

_____ Yes _____ Not Sure _____ No

Explain in Detail:

If you are a Regional Developer Candidate, in which available region do you have an interest?

~ END OF QUESTIONNAIRE ~

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