



PERSONAL INFORMATION FORM

Name

Date

Please attach your curriculum vitae

Please send us your completed form by Email headoffice@laboilseafood.com

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FRANCHISE

All the information will be treated confidentially.
This form is not an agreement and does not bind L.A. BOIL SEAFOOD nor the person herein mentioned in any way.
Each partner shall fill in the present form.
(Please print or type)

PERSONAL INFORMATION

Male Female E-mail

Name Occupation

Address

City Prov. Postal Code

Home phone Office phone

Date of Birth Marital Status

dd mm yy

Spouse's Name Occupation

Have you personally, or any company in which you were a partner, declared bankruptcy? Yes No

Explain

Actual health status Excellent Good Acceptable Weak

Explain if Weak or Acceptable

Education Level

Degree(s) obtained

Spoken Language(s)	Excellent	Good	Acceptable	Weak
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL INFORMATION

How much capital do you want to invest? Do you have a financing source? Yes No

Do you have a partner? Yes No

If yes, name of partner

Address

City Prov. Postal Code

BUSINESS EXPERIENCE

Name of present employer

Address

City Prov. Postal Code

Position or responsibilities

Duration of employment from to

Name of previous employer

Address

City Prov. Postal Code

Position or responsibilities

Duration of employment from to

Have you already owned or operated a business? Yes No

Which type of business? Please describe

PREFERRED LOCATION(S)

First choice

Banner Area

Second choice

Banner Area

Third choice

Banner Area

Are you willing to relocate? Yes No

Date
dd mm yy

Name Signature