



Shenango Commerce Park  
275 Commerce Ave.  
New Castle, PA 16101  
1-800-860-JOES



NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
MOBILE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_  
SPOUSES NAME: \_\_\_\_\_  
IF MARRIED, IS SPOUSE EMPLOYED? \_\_\_\_\_  
\_\_\_\_\_  
IF YES, BRIEF JOB DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_  
CHILDREN, NAMES & AGES: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR (OTHER THAN A TRAFFIC VIOLATION)? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE STATE DETAILS: \_\_\_\_\_

ARE YOU RELATED TO ANY OFFICER, DIRECTOR, EMPLOYEE OR FRANCHISEE OF PIZZA JOE'S? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE STATE DETAILS: \_\_\_\_\_

DO YOU NOW, OR HAVE YOU EVER, OWNED OR HAD INTEREST IN A RESTAURANT OPERATION? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE STATE DETAILS: \_\_\_\_\_

**PREVIOUS WORK/BUSINESS EXPERIENCE:**

GIVE PRESENT OR LAST POSITION FIRST. IF ADDITIONAL SPACE IS NEEDED, ATTACHED SEPARATE SHEET

ADVISE IF YOU DO NOT WISH US TO CONTACT YOUR PRESENT EMPLOYER.

COMPANY: \_\_\_\_\_  
TYPE OF BUSINESS: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_  
DESCRIBE DUTIES, RESPONSIBILITIES & NUMBER OF EMPLOYEES  
SUPERVISED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
ANNUAL SALARY: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPANY: \_\_\_\_\_  
TYPE OF BUSINESS: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_  
DESCRIBE DUTIES, RESPONSIBILITIES & NUMBER OF EMPLOYEES  
SUPERVISED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
ANNUAL SALARY: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPANY: \_\_\_\_\_  
TYPE OF BUSINESS: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_  
DESCRIBE DUTIES, RESPONSIBILITIES & NUMBER OF EMPLOYEES  
SUPERVISED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
ANNUAL SALARY: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**EDUCATION:**INSTITUTE NAME:YEAR GRADUATED:DEGREE/MAJOR:

(CIRCLE LAST YEAR OF SCHOOL COMPLETED)

HIGH SCHOOL            9            10            11            12

COLLEGE                1            2            3            4

GRADUATE SCHOOL    1            2            3            4

SPECIAL AWARDS OR HONORS: \_\_\_\_\_

LANGUAGES SPOKEN FLUENTLY: \_\_\_\_\_

**MILITARY SERVICE:**

BRANCH OF SERVICE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_ RATE OR RANK: \_\_\_\_\_

CURRENT STATUS: \_\_\_\_\_

SPECIAL CITATIONS: \_\_\_\_\_

**ACTIVITIES:**

WHAT ARE YOUR HOBBIES, ADVOCATIONS OR SPECIAL INTERESTS? \_\_\_\_\_

LIST MEMBERSHIP IN ANY CIVIC, SERVICE, OR PROFESSIONAL ORGANIZATIONS: \_\_\_\_\_

**CREDIT DEALINGS: (BANK, SUPPLIERS, FINANCE COMPANIES, OTHER)**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ TYPE CREDIT: \_\_\_\_\_ MAXIMUM AMOUNT: \_\_\_\_\_

HAVE YOU EVER FILED BANKRUPTCY? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, PLEASE STATE DETAILS: \_\_\_\_\_

**CURRENT FINANCIAL INFORMATION:**

INCOME FROM PRESENT OCCUPATION (IF MARRIED, COMBINED INCOME) \$ \_\_\_\_\_ PER YEAR

OTHER INCOME \$ \_\_\_\_\_ PER YEAR. IF OTHER INCOME, EXPLAIN \_\_\_\_\_

\_\_\_\_\_ OWN HOME            APPROXIMATE MARKET VALUE \$ \_\_\_\_\_            MORTGAGE BALANCE \$ \_\_\_\_\_

\_\_\_\_\_ RENT HOME/APARTMENT            OWN CAR    MAKE/MODEL \_\_\_\_\_            YEAR \_\_\_\_\_

TOTAL ASSETS \$ \_\_\_\_\_            TOTAL LIABILITIES \$ \_\_\_\_\_            NET WORTH \$ \_\_\_\_\_

\_\_\_\_\_ CAN PAY CASH FOR SHOP            HAVE CASH FOR DOWN PAYMENT, BUT WILL HAVE TO FINANCE

\_\_\_\_\_ DO NOT HAVE ENOUGH CASH FOR DOWN PAYMENT WILL NEED TO ARRANGE FINANCING THOUGH

\_\_\_\_\_ BANK            SMALL BUSINESS ADMINISTRATION LOAN

\_\_\_\_\_ OTHER, EXPLAIN \_\_\_\_\_



**GENERAL INFORMATION:**

IF QUALIFIED, WHEN WOULD YOU BE READY TO INVEST IN YOUR PIZZA JOE'S? \_\_\_\_\_

DO YOU HAVE A LOCATION? \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, WHERE? \_\_\_\_\_

DO YOU INTEND TO RUN THE SHOP YOURSELF? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF NO, WHO WILL BE RESPONSIBLE FOR THE DAILY OPERATIONS OF THE SHOP? \_\_\_\_\_

I PLAN TO DEVOTE \_\_\_\_\_ HOURS A WEEK TO MY SHOP

IF OTHER INDIVIDUALS WILL BE INVOLVED WITH YOU LIST THEM BELOW: (IF THESE INDIVIDUALS NAMES ARE TO BE INCLUDED ON ANY AGREEMENT WITH CLASSI-CO FOODS, HAVE THEM FILL OUT A SEPARATE APPLICATION)

NAME:

ADDRESS:

PHONE #:

MOBILE #:

**LOCATION OF INTEREST:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

DOES PROSPECTIVE FRANCHISEE HAVE ANY KNOWLEDGE PERTAINING TO FAST FOOD FRANCHISING, I.E. PIZZAJOE'S, OR OTHER FAST FOOD OUTLETS, OR IS INQUIREER PRESENTLY A FRANCHISEE FOR ANY OPERATION?

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:** (EXCLUDING RELATIVES)

NAME:

ADDRESS:

PHONE #:

MOBILE #:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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New Castle, PA 16101  
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*I understand that any information I receive from Classi-Co. Foods, or from any Classi-Co. Foods employee, agent, or franchise is highly confidential, has been developed with a great deal of effort and expense to Classi-Co. Foods, and is being made available to me because of this application.*

*I will not divulge or use, for a period of two years from the date hereof, any data, customer or employee names and addresses, techniques, methods, advertising materials, forms, or other information of whatever kind afforded me by Classi-Co. Foods without their consent.*

*I further understand that by signing this form I have no obligation, excluding the above mentioned, to Classi-Co. Foods.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE