



# Franchising Application

*Please submit application to [franchise@vrulez.com](mailto:franchise@vrulez.com)*



## PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

STREET ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

EMAIL ADDRESS:

PHONE NUMBER:

DATE OF BIRTH:

BRIEF DESCRIPTION OF YOURSELF:

## EXPERIENCE & EDUCATION

List your previous schools, beginning with the most recent.

NAME OF EMPLOYER:

STREET ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

START:

END:

REASON FOR LEAVING.:

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NAME OF EMPLOYER:

STREET ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

START:

END:

G.P.A.:

REASON FOR LEAVING.:

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NAME OF SCHOOL:

PROGRAM ATTENDED:

STREET ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

START :

END:

GPA.:

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DATE THAT YOU WILL BE AVAILABLE  
TO OPEN THE BUSINESS:

WILL YOU WORK IN THE BUSINESS:

YES

NO

Part-Time

Full-Time

PLEASE INDICATE GEOGRAPHICAL  
PREFERENCE:

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CURRENT ANNUAL INCOME:

HOW MUCH DO YOU EXPECTED TO EARN, INITIALLY, FROM YOUR BUSINESS?

