

Submit to:

Delta Development Group
5535 W. 56th Avenue, Suite 104
Arvada, CO 80002
Phone: 720-880-5871
Fax: 303-429-0840
Email: franchise@trydelta.com



"Building Relationships through Excellence"

**Confidential
Application**

**PLEASE ANSWER ALL QUESTIONS
PERSONAL INFORMATION**

Last Name		First Name		Middle Name		Social Security Number	
Date of Application (MM/DD/YY)		Birth Date (MM/DD/YY)		Age	Email address		Telephone Number ()
Current Address			City	State	ZIP	How long?	
Previous Address			City	State	ZIP	How long?	
Marital Status		Full Name of Spouse			Occupation of Spouse		
Driver's License Number				State of Issue			
Names and Ages of Dependent Children Name Name Name Name				Age Age Age Age			
Are you a U.S. citizen or have proof of your legal right to work in the United States? [] Y or [] N							

APPLICANT'S FRANCHISE PLANS

Will the franchise be owned and operated by you or a designated manager?	
If franchise is to be opened by someone other than yourself please explain fully	
Amount of capital available for this business	
Describe fully	
Territory for which application made	Would you consider any other area?
What area(s)?	

THIS IS NOT A CONTRACT AND SUPPLYING OR COMPLETING THIS FORM INCURS NO OBLIGATION ON EITHER PARTY.

EDUCATION

PLEASE LIST ALL EDUCATION YOU HAVE RECEIVED INCLUDING HIGH SCHOOL, COLLEGE, MILITARY OR SPECIAL TRAINING.

Name of High School	Dates of Attendance (MM/DD/YY) To	Graduated [] Y or [] N	
Location of School	Grade Average or Class Standing	Diploma or Degree	Date of Graduation (MM/DD/YY)
Name of College/University	Dates of Attendance (MM/DD/YY) To	Major & Minor Fields	
Location of School	Grade Average or Class Standing	Diploma or Degree	Date of Graduation (MM/DD/YY)
Name of Vocational School	Dates of Attendance (MM/DD/YY) To	Major & Minor Fields	
Location of School	Grade Average or Class Standing	Diploma or Degree	Date of Graduation (MM/DD/YY)
Name of Special Training	Dates of Attendance (MM/DD/YY) To	Major & Minor Fields	
Location of School	Grade Average or Class Standing	Diploma or Degree	Date of Graduation (MM/DD/YY)
Military Record	Dates of Service (MM/DD/YY) To	Skills or Duties	
Branch of Service	Rank at time of Discharge	Discharge Status	

BUSINESS & EXPERIENCE RECORD ** Please attach a copy of a current resume

GIVE A COMPLETE RECORD OF YOUR EXPERIENCE, BEGINNING WITH YOUR PRESENT OR LAST POSITION. INCLUDE MILITARY SERVICE.

Name of Current Business:			
Address Of Current Business			
Position, Title & Duties			
Type of Business			
Dates Of Operation	From: (MM/DD/YY)	To: (MM/DD/YY)	
Total Number of Current Employees	Administrative Employees	Field Employees	
Beginning owner salary \$	Previous owner salary \$ 1 year ago	\$ 2 years ago	\$ 3 years ago
Name & Address Of Prior Employer or Business			
Position, Title & Duties			
Dates Of Employment	From: (MM/DD/YY)	To: (MM/DD/YY)	
Supervisor's Name & Title			
Reason for Separation	Beginning salary \$	Ending salary \$	

Name & Address Of Prior Employer or Business		
Position, Title & Duties		
Dates Of Employment	From: (MM/DD/YY)	To: (MM/DD/YY)
Supervisor's Name & Title		
Reason for Separation	Beginning salary \$	Ending salary \$

REFERENCES

PLEASE LIST THREE PROFESSIONAL &/or CHARACTER REFERENCES.

1. Name	City/State	Telephone	()
2. Name	City/State	Telephone	()
3. Name	City/State	Telephone	()

PLEASE LIST FIVE CUSTOMER REFERENCES.

1. Name	City/State	Telephone	()
2. Name	City/State	Telephone	()
3. Name	City/State	Telephone	()
4. Name	City/State	Telephone	()
5. Name	City/State	Telephone	()

PLEASE LIST THREE TRADE REFERENCES.

1. Name	City/State	Telephone	()
2. Name	City/State	Telephone	()
3. Name	City/State	Telephone	()

BANK REFERENCES

1. Name	City/State	Telephone	()
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CONTRACTOR/PROFESSIONAL LICENSES AND ASSOCIATIONS

LICENSES

1. Type	Issuing Agency	License Number
2. Type	Issuing Agency	License Number
3. Type	Issuing Agency	License Number

ASSOCIATIONS				
1. Name		City/State		Telephone ()
2. Name		City/State		Telephone ()
3. Name		City/State		Telephone ()

CRIMINAL BACKGROUND

<p>Have you ever been convicted of a felony or other crime involving moral turpitude?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If yes, please explain</p>
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CONTINGENCIES

<p>Do You Have Any Contingent Liabilities? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If So, Please Itemize:</p> <p>Are Any of Your Assets Pledged? <input type="checkbox"/> YES <input type="checkbox"/> NO Describe:</p> <p>Are You a Defendant in Any Suits or Legal Actions? <input type="checkbox"/> YES <input type="checkbox"/> NO Describe:</p> <p>Have you ever been declared bankrupt either Personal or Business? <input type="checkbox"/> YES <input type="checkbox"/> NO Describe:</p> <p>Do you have a Business Contingency Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO Describe:</p>

Additional Information

<p>Have you ever applied for or obtained credit under another name in the past ten years (personal and/or business)?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Have you ever applied for or worked under another name in the past ten years (personal and/or business)??</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>How did you hear about this opportunity?</p> <p>To verify your complete work history and educational credentials have you left anything off the application form we should know about?</p>	<p>If yes, please explain</p> <p>If yes, please explain</p> <p>If yes, please explain</p>
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**PLEASE COMPLETE THE FOLLOWING OR
PROVIDE BOTH PERSONAL AND BUSINESS FINANCIAL STATEMENTS.**

BUSINESS CONFIDENTIAL FINANCIAL STATEMENT

DATE:

YEAR: 20

PLEASE ANSWER ALL QUESTIONS USING "NO" OR "NONE" WHERE NECESSARY

ASSETS		LIABILITIES AND NET WORTH	
Cash on Hand & Unrestricted in Banks (See Sched. No. 1)	\$	Notes Payable to Banks, Unsecured Direct Borrowings Only (See Sched. No. 1)	\$
U.S. Government Securities	\$	Notes Payable to Banks, Secured Direct Borrowings Only (See Sched. No. 1)	\$
Accounts & Loans Receivable (See Sched. No. 2)	\$	Notes Receivable, Discounted with Banks, Finance Companies, Credit Cards, etc.	\$
Notes Receivable, Discounted With Banks, Finance Companies, etc. (See Sched. No. 2)	\$	Notes Payable to Others, Unsecured	\$
Life Insurance, Cash Surrender Value (Do not deduct loans) (See Sched. No. 3)	\$	Notes Payable to Others, Secured	\$
Other Stocks & Bonds (See Sched. No. 4)	\$	Loans Against Life Insurance (See Sched. No. 3)	\$
Real Estate (See Sched. No. 5)	\$	Accounts Payable	\$
Automobiles Registered in Own Name	\$	Interest Payable	\$
Other Assets (itemize)	\$	Taxes & Assessments Payable (See Sched. No. 5)	\$
		Mortgages Payable on Real Estate (See Sched. No. 5)	\$
		Other Liabilities (itemize)	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET WORTH	\$

SUPPLEMENTARY SCHEDULES

NO. 1 BANKING RELATIONSHIP (A list of all my bank relationships, including credit cards, checking, savings & loans)				
Name & Location of Bank	Cash Balance	Amt. of Loan	Maturity of Loan	How Endorsed, Guaranteed or Secured
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

NO. 2 ACCOUNTS, LOANS & NOTES RECEIVABLE (A list of the largest amounts owing to me.)					
Name & Address of Debtor	Amount Owing	Age of Debt	Description of Nature of Debt	Description of Security Held	Date Payment Expected
	\$				
	\$				
	\$				
	\$				

NO. 3 LIFE INSURANCE								
Name of Person Insured	Name of Beneficiary	Name of Insurance Co.	Type of Policy	Face Amt. of Policy	Total Cash Surrender Value	Total Loans Against Policy	Amount of Yearly Premium	Is Policy Assigned?
				\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

NO. 4 BANKING RELATIONS							
Face Value (Bonds) No. of Shares (Stocks)	Description of Security	Registered In Name of	Cost	Present Market Value	Income Received Last Year	To Whom Pledged	
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
Does your Business have a Credit Line? <input type="checkbox"/> Yes <input type="checkbox"/> No		Credit Line Limits \$			Credit Line Term Date		

NO. 5 REAL ESTATE (The legal equitable title to all the real estate listed in this statement is solely in the name of the undersigned, except as follows:)								
Description or Street No.	Dimensions or Acres	Improvements Consist of	Mortgages or Liens	Due Dates & Amts. of Payments	Assessed Value	Present Mkt. Value	Unpaid Taxes	
							Year	Amount
				\$	\$	\$		\$
				\$	\$	\$		\$
				\$	\$	\$		\$
				\$	\$	\$		\$

PERSONAL CONFIDENTIAL FINANCIAL STATEMENT

DATE:

YEAR: 20

PLEASE ANSWER ALL QUESTIONS USING "NO" OR "NONE" WHERE NECESSARY

ASSETS		LIABILITIES AND NET WORTH	
Cash on Hand & Unrestricted in Banks (See Sched. No. 1)	\$	Notes Payable to Banks, Unsecured Direct Borrowings Only (See Sched. No. 1)	\$
U.S. Government Securities	\$	Notes Payable to Banks, Secured Direct Borrowings Only (See Sched. No. 1)	\$
Accounts & Loans Receivable (See Sched. No. 2)	\$	Notes Receivable, Discounted with Banks, Finance Companies, Credit Cards, etc.	\$
Notes Receivable, Discounted With Banks, Finance Companies, etc. (See Sched. No. 2)	\$	Notes Payable to Others, Unsecured	\$
Life Insurance, Cash Surrender Value (Do not deduct loans) (See Sched. No. 3)	\$	Notes Payable to Others, Secured	\$
Other Stocks & Bonds (See Sched. No. 4)	\$	Loans Against Life Insurance (See Sched. No. 3)	\$
Real Estate (See Sched. No. 5)	\$	Accounts Payable	\$
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Other Assets (itemize)	\$	Taxes & Assessments Payable (See Sched. No. 5)	\$
		Mortgages Payable on Real Estate (See Sched. No. 5)	\$
		Other Liabilities (itemize)	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET WORTH	\$

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	\$	\$		
	\$	\$		
	\$	\$		

NO. 2 ACCOUNTS, LOANS & NOTES RECEIVABLE (A list of the largest amounts owing to me.)					
Name & Address of Debtor	Amount Owning	Age of Debt	Description of Nature of Debt	Description of Security Held	Date Payment Expected
	\$				
	\$				
	\$				
	\$				

NO. 3 LIFE INSURANCE								
Name of Person Insured	Name of Beneficiary	Name of Insurance Co.	Type of Policy	Face Amt. of Policy	Total Cash Surrender Value	Total Loans Against Policy	Amount of Yearly Premium	Is Policy Assigned?
				\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

NO. 4 BANKING RELATIONS							
Face Value (Bonds) No. of Shares (Stocks)	Description of Security	Registered In Name of	Cost	Present Market Value	Income Received Last Year	To Whom Pledged	
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
Does your Business have a Credit Line? <input type="checkbox"/> Yes <input type="checkbox"/> No		Credit Line Limits \$			Credit Line Term Date		

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Description or Street No.	Dimensions or Acres	Improvements Consist of	Mortgages or Liens	Due Dates & Amts. of Payments	Assessed Value	Present Mkt. Value	Unpaid Taxes	
							Year	Amount
				\$	\$	\$		\$
				\$	\$	\$		\$
				\$	\$	\$		\$
				\$	\$	\$		\$

"I submit the foregoing information as my complete and true personal and financial condition as of the date shown below. In accordance with the Privacy Act (5 U.S.C. 552 a), Freedom of Information Act and The Fair Credit Reporting Act, I expressly authorize any past or present employer, any law enforcement agency, federal, state or local, or any person who has personal knowledge of my character, work experience or criminal records to release this information to the Franchisor. If requested by the Franchisor, I agree to supply statements from my professional advisors (i.e., banker, broker, accountant or attorney) verifying the above assets, and I also agree to furnish copies of Federal Income Tax Returns as filed for the last two years for both personal and business. I understand that the Franchisor is relying upon all the above information as a material factor in considering my application to become a franchisee, and I therefore agree to promptly notify the Franchisor of any material change in any of the above information or any subsequent information provided to franchisor. In addition, I release all persons from liability as a result of true, accurate information. Further, Franchisor Trade Secrets will not be disclosed by Applicants to any other person or business entity, and will not be used by Applicants in any manner outside the evaluation process, either during or after the evaluation process."

Signature

Date

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I, _____

LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Work"), **Delta Disaster** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to **Delta Disaster**. **Delta Disaster** uses **AbsoluteHire**, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

AbsoluteHire will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, professional and personal references and workers compensation records including any and all injuries in compliance with the Americans with Disabilities Act. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **Delta Disaster**, and **AbsoluteHire**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Work from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **Delta Disaster** if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **Delta Disaster**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **AbsoluteHire**, 3009 Douglas Blvd., 3rd Floor, Roseville, CA 95661. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined here.

CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S. §148

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.

Signed

Today's Date

Name as it appears on your driver's license

Social Security Number

Date of Birth

Driver's License Number

State

Other names you have used, or are also known as, including maiden name, name changes and any aliases:

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Mo./Yr. / Mo./Yr

Current Address: _____ /

Street Apt.# City State Zip Code From / To?

Former Address: _____ /

Street Apt.# City State Zip Code From / To?

Former Address: _____ /