



SCA Franchising Inc.

O: 800-572-8010 Ext 305

F: 800-544-1332

C: 818-402-2958

www.sca-appraisal.com

"Since 1979... Excellence in everything that we do"

Franchise Application

ALL POTENTIAL FRANCHISEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Office Phone _____
Other Phone _____

Email _____ Address: _____

Social Security Number: _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction?

☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, please describe circumstances:

Have you ever been involuntarily terminated or asked to resign from any position of employment?

☐ Yes ☐ No

If yes, please describe circumstances:

If selected for a franchise, are you willing to submit to a drug screening test? ☐ Yes ☐ No

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held:

List other information pertinent to this application:

EMPLOYMENT

(Most Recent First.)

1. Employer_____ Job

Title_____

Dates Employed_____ Prior Position Held within Company (if any):

Address_____ City_____ State_____

Zip_____

Phone_____ Job Title_____

Supervisor_____

Starting Salary_____ Ending

Salary_____

Duties Performed

Reason for Leaving

2. Employer_____ Job

Title_____

Dates Employed_____ Prior Position Held within Company (if any):

Address_____ City_____ State_____

Zip_____

Phone_____ Job Title_____

Supervisor_____

Starting Salary_____ Ending

Salary_____

Duties Performed

Reason for Leaving

3. Employer_____

Job Title_____

Dates Employed_____ Prior Position Held within Company (if any):

Address_____ City_____ State_____

Zip_____

Phone_____ Job Title_____

Supervisor_____

Starting Salary_____ Ending

Salary_____

Duties Performed

Reason for Leaving

4. Employer _____
Job Title _____
Dates Employed _____ Prior Position Held within Company (if any):

Address _____ City _____ State _____
Zip _____
Phone _____ Job Title _____
Supervisor _____
Starting Salary _____ Ending
Salary _____
Duties Performed _____
Reason for Leaving _____

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date