

Confidential Information Form

Email to: michael@stavrourestaurants.com

Surname: _____ First Name: _____

Date of Birth: _____ Place of Birth: _____ Marital Status: _____

Home Address: _____ Years there: _____

City: _____ Province : _____ Postal Code: _____

Email: _____ Phone: () _____

Present Occupation: _____ Company: _____

Salary: _____ Duties: _____

Locations desired: _____

Salary desired: _____

How many Hours you`re available to work: _____

What's your budget available: _____

Do you have experience in the food and beverage industry? _____

Explain the education, work, experience you have:

Name:

Signature:

Date:

THE UNDERSIGNED HEREBY DECLARE THAT ALL INFORMATION PROVIDED HEREIN IS TO THE BEST OF MY KNOWLEDGE TRUE, COMPLETE AND CORRECT AND UNDERSTAND IT MAY BE USED TO DETERMINE FRANCHISEE WORTHINESS. THE UNDERSIGNED FURTHER CONSENT(S) TO MAKING ANY INQUIRIES IT DEEMS NECESSARY ON THIS APPLICATION.

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