



PERSONAL INFORMATION FORM

Name

Date

Please attach your curriculum vitae

Please send your completed form to contact@johnnyksdonair.com



Johnny K's Authentic Donairs
5246 Blowers St
Halifax, Nova Scotia, Canada
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www.johnnyksdonair.com

BUSINESS EXPERIENCE

Name of present employer

Address

City Prov. Postal Code

Position or responsibilities

Duration of employment from to

Name of previous employer

Address

City Prov. Postal Code

Position or responsibilities

Duration of employment from to

Have you already owned or operated a business? Yes No

Which type of business? Please describe

BANKING INFORMATION

List all bank/trust company accounts in which you have accounts or credits.

Name and bank branch and/or trust	Balance of account	Loans	Due date
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

ACCOUNTS, NOTES & LOANS RECEIVABLE

Name and address of debtor	Amount	Loan type	Due date
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

STOCKS, BONDS & SECURITY

Value and Number	Description	Registered in the name of	Cost	Actual Market Value	Past Year Income

LIFE INSURANCE

Name of insured person	Name of beneficiary	Insurance Company	Type of policy	Book value	Amount borrowed on the policy

REAL ESTATE

All the rights and legal titles of any real estate listed below are completely owned by the undersigned

Purchase date	Description & address	Size	Improvements	Amount of mortgages	Installment date	Due date	Actual value

PERSONAL BALANCE SHEET

In date of
 dd mm yy

Cash on hand unrestricted (section A)	\$
Accounts & loans receivable (section B)	\$
Stock, bonds & security (section C)	\$
Life insurance (indicate surrender value) (section D)	\$
Real estate (section E)	\$
Automobiles in your name	\$
Other assets (indicate)	\$
	\$
	\$
TOTAL ASSESTS (1)	\$

Notes payable (section A)	\$
Credit card balances	\$
Accounts & bills due	\$
Loans against insurance (section D)	\$
Real estate mortgages (section E)	\$
Other liabilities (indicate)	\$
	\$
TOTAL LIABILITIES (2)	\$
NET WORTH (3) (= (1) - (2))	\$
TOTAL LIABILITIES AND NET WORTH	\$

ANNUAL INCOME

Salary	\$
Bonus & commissions	\$
Dividends & interests	\$
Real estate income	\$
Other income (indicate)	\$
	\$
TOTAL	\$

CONTINGENT LIABILITIES

As endorser or guarantor	\$
On leases or contracts	\$
Legal claims	\$
Provisions for income tax	\$
Other liabilities	\$
	\$
TOTAL	\$

The undersigned hereby certifies that the information given in the foregoing statement is true and accurate and that no unfavorable information known to the undersigned or called for herein has been omitted. Johnny K's Authentic Donairs is hereby authorized to obtain such information as it may require concerning said statement, which at all times shall remain the property of Johnny K's Authentic Donairs personal and credit information from persons other than consumer reporting agencies. I hereby waive any responsibility from any person giving or receiving such information. It is understood that all information provided in this form and obtained pertaining to same will be treated confidentially by Johnny K's Authentic Donairs.

REFERENCES (OTHER THAN FAMILY)

	NAME/ADDRESS	KNOWN SINCE	TELEPHONE	
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PREFERRED LOCATION(S)

First Area Choice

Second Area Choice

Third Area Choice

Are you willing to relocate?

Yes No

Date

dd

mm

yy

Name

Signature

