



MCDONALD'S RESTAURANTS (NZ) LIMITED

Application to become a Franchisee

Application Date	
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APPLICANT INFORMATION									
Surname			First Name						
Street Address									
Suburb		City		Postcode					
Home Phone		Mobile Phone							
Email Address									
Preferred method of contact		Home Phone <input type="checkbox"/>		Mobile Phone <input type="checkbox"/>		Email <input type="checkbox"/>			
Are you a New Zealand citizen?					YES <input type="checkbox"/>		NO <input type="checkbox"/>		
If no, are you authorised to work and own a business in New Zealand?					YES <input type="checkbox"/>		NO <input type="checkbox"/>		
If you are not a New Zealand citizen, but are authorised to work and own a business in New Zealand, please provide copies of documentary evidence as an attachment to this application, including any information on visa expiry.									
Have you ever worked for McDonald's in New Zealand?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Position		When		
Have you ever worked for McDonald's internationally?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Position		When		
If yes, in which countries?									
Have you ever been charged or convicted of any criminal offence other than minor traffic offences either in New Zealand or internationally?					YES <input type="checkbox"/>		NO <input type="checkbox"/>		
If yes, please explain									
Have you ever been made bankrupt, liquidated a business or had an adverse credit record either in New Zealand or internationally?					YES <input type="checkbox"/>		NO <input type="checkbox"/>		
If yes, please explain									
Do you have any special needs or requirements that may prevent you from performing the requirements of the position?					YES <input type="checkbox"/>		NO <input type="checkbox"/>		
If yes, please explain									
Are you willing to relocate to any area within New Zealand for the entire term of the franchise agreement (max 20 years)?					YES <input type="checkbox"/>		NO <input type="checkbox"/>		
If no, please explain									
Are you related to any employee of McDonald's (in New Zealand) directly or indirectly?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Name		Relationship		
Do you or have you or your employer provided products, goods or services to McDonald's or franchisees of McDonald's?							YES <input type="checkbox"/>		NO <input type="checkbox"/>
Please list your community activities, special interests or other pertinent information.									

EDUCATION

(Please attach documentary evidence as an appendix to this application, e.g. your CV). If you require additional space please also add to the appendix.

High School				Address	
From		To		Highest level completed:	
University				Address	
From		To		Degree completed:	
From		To		Degree completed:	
Other – Please Specify					
From		To		Study completed:	
From		To		Study completed:	
From		To		Study completed:	

BUSINESS EXPERIENCE

Present Occupation				Position	
Company				Address	
Describe duties and responsibilities:					

PREVIOUS EMPLOYMENT – LAST 10 YEARS (IF YOU REQUIRE MORE SPACE PLEASE GO TO PAGE 12)

Company		Phone ()			
Address		Supervisor			
Job Title					
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company		Phone ()			
Address		Supervisor			
Job Title					
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

PERSONAL REFEREES

Please list 2 referees other than employers or relatives.

Full Name	Relationship
Company (if applicable)	Phone ()
Address	
Full Name	Relationship
Company (if applicable)	Phone ()
Address	

Please be aware that a credit check will be carried out as part of this application.

ASSET VERIFICATION SCHEDULES

The financial information provided should be the most current available and supporting documentation of the assets and liabilities must be supplied. The Summary of Assets and Liabilities must also be signed by your accountant or solicitor as being 'true and correct'.

1. Cash / Savings (Please attach documentary evidence as an appendix to this application e.g. bank statements)

Bank	Description	Value
TOTAL		\$

2. Public company share holdings (Please attach documentary evidence as an appendix to this application)

No of Shares	Description	Current Market Value
TOTAL		\$

3. Real estate (Please attach documentary evidence of real estate ownership, value and any mortgages as an appendix to this application)

Address and Description	Date acquired	Title in name(s) of	Original Cost	Original Mortgage Amount	Monthly mortgage payments	Current Market Value	Current Mortgage balance	Net Value
TOTAL						\$	\$	\$

ASSET VERIFICATION SCHEDULES CONTINUED

4. Business Interests (Please attach documentary evidence as an appendix to this application)

Name of Business	Description	Type (limited liability company, partnership, sole trader, other)	Names of all owners	Relation to applicant	Buy/Sell agreement (Y/N)	Valuation method	Net Value of your interest
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Book <input type="checkbox"/> Earnings <input type="checkbox"/> Multiple <input type="checkbox"/> Appraisal <input type="checkbox"/> Agreed value	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Book <input type="checkbox"/> Earnings <input type="checkbox"/> Multiple <input type="checkbox"/> Appraisal <input type="checkbox"/> Agreed value	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Book <input type="checkbox"/> Earnings <input type="checkbox"/> Multiple <input type="checkbox"/> Appraisal <input type="checkbox"/> Agreed value	
TOTAL							\$

5. Superannuation (Please attach documentary evidence as an appendix to this application)

Description	Are you able to cash this in now?
	YES <input type="checkbox"/> NO <input type="checkbox"/>
	YES <input type="checkbox"/> NO <input type="checkbox"/>

6. Other assets (Please attach documentary evidence as an appendix to this application)

Description	Current Fair Market Value
TOTAL	
\$	

7. DEBTS OR OBLIGATIONS (EXCLUDING MORTGAGES)

(e.g. Loans, child support, leases, contracts, legal claims, judgements, taxes, etc)
The financial information provided should be the most current available and supporting documentation of the assets and liabilities must be supplied. The Summary of Assets and Liabilities must also be signed by your accountant or solicitor as being 'true and correct'.

Obligee	Description	Amount

SUMMARY OF ASSETS AND LIABILITIES

	ASSETS (\$)	LIABILITIES (\$)	NET (\$)
1. Cash / Savings			
2. Shares			
3. Real Estate			
4. Business Interests			
5. Superannuation			
6. Other assets			
7. Debts or obligations			
TOTAL	\$	\$	\$

SOLICITOR / ACCOUNTANT'S SIGNATURE

The foregoing Summary of Assets and Liabilities has been fairly and correctly presented according to the best of my knowledge and belief.

Signature (Solicitor / Accountant)	Date
Name (Solicitor / Accountant)	Address (Solicitor / Accountant)

Does any other person (including your spouse, partner, other family members or business partner/s) have any interest in any of the above assets? If yes, please explain and list assets.

YES NO

Have any of the above assets been received by you as a gift? YES NO

If yes, please specify assets:

	From whom	When

OTHER DETAILS		
If your application is successful, would your spouse or partner plan to be involved in the business?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
How will you personally meet the McDonald's financial requirements?		

PROFESSIONAL EXPERIENCE							
Below are a number of areas relating to your professional experience. Please select what level of experience you have in the following areas, and briefly describe where you had this experience. Your ratings will be later verified to ensure consistency.							
Please rate your experience as per this scale:							
No experience at all	Minimal experience (less than 6 months)	Moderate experience (6 months to 2 years)	Regular (2 years to 10 years)	Extensive (10 years +)			
1	2	3	4	5			
How much experience do you have in:							
Recruiting and training successful high performance teams. <i>Please briefly describe where you had this experience:</i>			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Creating and implementing business plans with short and long term objectives. <i>Please briefly describe where you had this experience:</i>			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Delivering financial results in a commercial environment. <i>Please briefly describe where you had this experience:</i>			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

<p>Managing teams in a high pressure, dynamic workplace <i>Please briefly describe where you had this experience:</i></p>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<p>Working in a high-volume, high-turnover customer environment <i>Please briefly describe where you had this experience:</i></p>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<p>Working in a highly standardised operational/production oriented environment. <i>Please briefly describe where you had this experience:</i></p>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<p>Managing a capital intensive business <i>Please briefly describe where you had this experience:</i></p>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<p>Having personal accountability for the success of a business with little support. <i>Please briefly describe where you had this experience:</i></p>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<p>Developing people including succession planning and managing talent. <i>Please briefly describe where you had this experience:</i></p>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

COMPETENCY SELF ASSESSMENT

Below are a number of competency areas which we assess throughout the Franchisee recruitment process. Please select what your opinion of your skill is in each area and briefly describe why you have given yourself this rating. Your ratings will be later verified to ensure consistency.

Please rate your skill as per this scale:

Completely unskilled – significant development area	Minimal skill – development area	Moderate skill	Strong skill – area of strength	Very strong skill – area of significant strength
1	2	3	4	5

Adaptability - Deals well with change; copes with responsibility of running a business; copes under pressure

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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Business Savvy - Financial acumen; understands how businesses work; able to plan effectively and think strategically

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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Continuous Improvement - Learns from failures; responds to feedback constructively; prepared to continuously invest in the business

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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Customer Focus - Responsive to customers; able to deal with difficult customers effectively

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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Driving for Results - Enjoys challenging goals; competitive; delivers financial results	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Cultivating Networks - Builds and maintains a network of contacts; actively contributes to the local community	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Leading Teams - Coaches team members to be successful; decisive, even with possibly unpopular decisions; builds talent and succession plans; recruits and trains high performance teams	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Appetite for Risk - Takes calculated risks with own money; invests for the long term	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

INFORMED CONSENT TO RELEASE PERSONAL INFORMATION

Making an application to become a franchisee requires that you consent to the collection, use, storage and destruction of personal information relating to this Application. This information will assist us to determine which applicants should move forward to the next step.

As such, under the New Zealand Privacy Act 1993 ("Act") you give permission for McDonald's Restaurants (New Zealand) Limited (McDonald's) and its agents to seek information about you from third parties and authorise the information to be used in ascertaining your suitability. The information collected may include (without limitation) employment history, education qualifications, credit records, referees as to character and suitability for employment, work permit status and accident compensation claims history. A separate Ministry of Justice Criminal History form will need to be completed to enable us to carry out a police check on you. Please note that the information received is supplied in confidence as evaluative material.

At all times during the recruitment and selection process, McDonald's will treat all information relating to this Application and any other personal data obtained about you in a highly confidential manner. All documents will be locked in secure storage and available only to members of the Selection Committee of McDonald's for the purpose of approving this application to the next step.

You may obtain access to (and request the correction of) any information about you that is held by McDonald's at any time, subject to any right that McDonald's has to refuse you access on the grounds that the information constitutes "evaluative material" (as defined in the Act) or as otherwise provided for by the Act.

In line with the Act, at the end of the selection process if you are unsuccessful all your information and personal data collected/relating to this Application will be permanently destroyed.

Successful applicant details will be placed on their franchisee file.

By signing this form you acknowledge that McDonald's has made you aware of its policy on the storage of personal information, the purpose for its collection, and how to contact us to gain access to stored personal information.

You must complete the consent below to allow McDonald's and its agents to collect and store your information.

Full Name _____ Date of Birth _____

Signature _____ Date _____

ACKNOWLEDGEMENTS AND SIGNATURE (CHECK APPROPRIATE RESPONSE)		
I acknowledge that there are upfront payments required in order to progress through the selection process.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have enclosed a cheque for \$1,100 (made payable to McDonald's Restaurants (NZ) Ltd) which I acknowledge is non-refundable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has your solicitor/accountant signed the declaration on page 6?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have completed and enclose the Ministry of Justice Criminal History form.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have enclosed a clear copy of my driver's licence or photo page of my passport as proof of identification.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I give permission for McDonald's to conduct appropriate ability and personality testing.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have attached details of my education and/or CV.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have attached evidence of my ability to work for and own a business in NZ.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>
I have attached details of my cash/savings balance.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>
I have attached details of my shareholdings.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>
I have attached details of any real estate I have an interest in together with details of any borrowings, valuations, rates assessments etc.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>
I have attached details of any other business interests I have.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>
I have attached details of any superannuation I have.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>
I have attached details of any superannuation I have.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>
I have attached details of any other assets I own/have an interest in.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>
Signature (applicant)	Date	

The Ministry of Justice Criminal History Form can be downloaded and filled in from: <http://www.justice.govt.nz/services/criminal-records/forms/request-by-third-party.pdf/view>

EXTRA SPACE - PLEASE USE THE BELOW SPACE TO ADD ANY INFORMATION THAT DID NOT FIT EARLIER			
PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
From To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
From To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
From To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			