Encore Medical Staffing, Inc.

RNs • CNAs • LPNs
SUPPLEMENTAL & CONTRACT STAFFING
FOUNDED BY NURSES, RUN BY NURSES

FRANCHISE APPLICATION

First Name_____ Middle_____ Last _____

Address_____

City_____ State _____ Zip _____

Social Security #: _____ Date of Birth_____

E-Mail:_____

Home Phone: _____ Cell Phone _____

Marital Status: ____ Single ____ Married ____Divorced

Will you have other owners/partners? ____Yes ____No

Have you ever been convicted of a felony? ____Yes ____No

Are you or anyone in your immediate family, a partner, owner (partial or otherwise), or employee, of a medical staffing company? ____Yes ____No

Do you have financing to open a Encore Medical Staffing franchise? ____Yes ____No

Are you a U.S. Citizen? ____Yes ____No

I understand that the acceptance of this franchise application does not constitute the grant of a franchise. I understand that ***Encore Medical Staffing, Inc*** grants franchises only by executing written franchise agreements. By signing below, I authorize ***Encore Medical Staffing, Inc*** (and its assigns) to begin a consumer and credit report (based on the information voluntarily provided by me) and warrant that all information provided is true and accurate. I understand that I have a right to request that ***Encore Medical Staffing, Inc*** make a complete and accurate disclosure of the nature and scope of this report. This is my authorization to credit reporting agencies, banks, creditors, and suppliers, to release to ***Encore Medical Staffing, Inc***, all information requested. I understand that ***Encore Medical Staffing Inc.*** has required me to read the Franchisee Disclaimer and my signature represents that I have done so.

Signature: _____Date:_____

Printed Name: _____

Mail to: 107 Station Street, Lyman, SC 29365
Fax to: 1-800-915-0559
or Email to: corporate@encoremedicalstaffing.com