

Mentoring & Hands-On Training Application



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Demographic and Contact Information
Name: _____
Address: _____
City: _____ ST _____ Zip _____
Phone: Home _____ Business _____ Cell _____
Email Address: _____
Company Name: _____

Location

- Tampa –Warren Philadelphia - Novack Richmond - Campbell

Your Training Goals

Why do you want further training? Please check all that apply.

- Unsure, I just feel I need more.
- I don't know what to do next. I know there is more business that I could be getting, but I don't know if I have the right systems in place.
- I don't know how to do more than one move at a time.
- I am getting jobs, but don't have the proper operational systems in place (i.e. time keeping, procedure book, employee handbook, etc.)
- I am not getting enough jobs to support myself and feel unsure of the best ways to market myself/my company.
- I get jobs, but once the job is done, my estimates are not correct.
- I do not understand how to measure or draw floor plans.
- I do not know how or feel uncomfortable sorting with clients.
- I am running jobs, doing estimates, sorting with clients and doing all the paperwork; I don't know how to grow or how to make my life more manageable.

Name: _____

My business is flourishing, I have Team Leaders and staff, but I do not have the business systems to be able to manage it.

Other – please specify: _____

Please list three things that you would like to learn during your three day training that would make the cost of this program worthwhile to you.

1. _____
2. _____
3. _____

Your Business

Company Website: _____

Year established: _____ Percentage of clients above 65: _____ %

Geographic area served: _____

Services offered directly by your company (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Floor Plans | <input type="checkbox"/> Packing |
| <input type="checkbox"/> Sorting/Organizing | <input type="checkbox"/> Unpacking |
| <input type="checkbox"/> Moving | <input type="checkbox"/> Staging (formal staging training? Circle yes or no) |
| <input type="checkbox"/> Other _____ | |

(incidental services related to move management are assumed)

Approx gross revenue during past 12 months:

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$25,000 | <input type="checkbox"/> \$25,000 - \$50,000 | <input type="checkbox"/> \$50,000 - \$75,000 |
| <input type="checkbox"/> \$75,000 - \$100,000 | <input type="checkbox"/> \$100,000 - \$150,000 | <input type="checkbox"/> \$150,000 - \$200,000 |
| <input type="checkbox"/> Over \$200,000 | | |

Source of your revenue (percentage should total 100% and can be approximations)

Senior Living Residences: _____ % Active Adult/55+ Communities
_____ % Continuing Care Retirement Communities
_____ % Stand Alone Assisted Living or Skilled Nursing

Non Senior Living Residences: _____ %

Name: _____

How many estimates do you do a week? _____

What percentages of your estimates become paid jobs? _____

Do you track information on your past jobs? If yes, what information do you track?

On an average, what are the sizes of the jobs you have had in terms of billable hours?

_____ % 20 or less billable hours

_____ % 21-40 billable hours

_____ % 41-60 billable hours

_____ % 61-80 billable hours

_____ % 81 – 100 billable hours

_____ % above 100

What is the primary way you market your services?

How you spend your time

How many hours per week do you spend working on each of the following categories?

_____ Sorting with Clients

_____ Team Leading a Move

_____ Marketing

_____ Administrative

_____ Other _____

How many hours/week do you normally work, in any capacity, on your business?

10 - 20 20 - 30 30 - 40 40 - 50 50 - 60 60 - 70

Is there anything else you would like us to know?
