

Entrepreneurship Readiness Questionnaire (ERQ)

The ERQ is designed to help you think through some of the important roles a business owner plays in their business. The ERQ responses are used during the Business Assessment Scale (BAS) review meeting to help determine if DVR will support starting this potential business.

What business would you like to start? _____

How many hours do you plan to work? _____

Management Section

Purpose: To determine your ability to manage people and finances.

When filling out this section, please consider following: sharing information about your experience with planning, problem solving, meeting deadlines, communicating ideas, values, instructions, influencing employees and others, coping effectively with stress and demands and your experience with financial management and planning.

1. If you have volunteer experience in a management position:

Where did you volunteer? _____

Job Title: _____ Dates of Employment: _____

How many people reported to you? _____

What were your job tasks? _____

Employer Name: _____

Job Title: _____ Dates of Employment: _____

How many people reported to you? _____

What were your job tasks? _____

2. If you have paid work experience in a management position

Employer Name: _____

Job Title: _____ Dates of Employment: _____

How many people reported to you? _____

What were your job tasks? _____

Employer Name: _____

Job Title: _____ Dates of Employment: _____

How many people reported to you? _____

What were your job tasks? _____

3. If you owned and operated a business:

What was the business? _____

How many employees did you have? _____ How long did you own the business? _____

What were your tasks? _____

What tasks did others do? _____

4. Business finances and budgeting:

What education, training and professional experience related to business finances and budgeting do you have?

Is there any additional training needed?

5. Leadership, supervision, and management

What education, training and professional experience related to leadership, supervision and management?

Is there any additional training needed?

Industry Experience Section

Purpose: To determine your level of experience and expertise in your proposed business field.

When filling out this section, please consider following: sharing information about your experience, education and informal training related to your craft.

1. If you have volunteer experience in this field/business:

Where did you volunteer: _____

Job Title: _____ Dates of employment: _____

What were your job tasks? _____

Employer Name: _____

Job Title: _____ Dates of employment: _____

What were your job tasks? _____

2. If you have paid work experience in this field/business:

Where did you work: _____

Job Title: _____ Dates of employment: _____

What were your job tasks? _____

Employer Name: _____

Job Title: _____ Dates of employment: _____

What were your job tasks? _____

3. If you owned and operated a successful business:

What was the Business? _____

How long did you own the business? _____

What were your tasks? _____

What tasks did others do? _____

Are you still operating the business? _____

4. Education, training, and work experience

What education, training and work experience do you have related to working in this field/business?

5. Additional training

Is there additional industry specific training needed?

Personal Credit/Financial Solvency Section

Purpose: To determine your ability to demonstrate a high enough FICO score to obtain additional funding for your business or have access to sufficient resources to meet future business and personal financial obligations

1. Are there any particular circumstances (disability or other) that impacted your FICO score?

2. If you have worked with somebody to improve your credit, please indicate who, when you worked with them and what steps you have taken to improve your score.

3. Keeping your personal budget in mind, do you have concerns about paying your bills (food, clothing, housing, other bills, etc), debts or large expenses? Please explain:

4. Will you be able to pay all of your expenses and maintain housing for an extended period (12 months) while you are getting your business started?

5. Do you have any pending debt, fines, etc. that might make it hard for you to continue to pay all of your expenses over the next 12 months

Commitment, Desire, Persistence Section

Purpose: To determine your commitment of time and resources to the business and previous employment, your level of initiative taken towards your business and your persistence in resolving problems.

1. Describe a recent time, either in your personal life or work life, when you faced obstacle(s) and what you did to resolve the situation.

2. What were your three most recent jobs?

Employer: _____

Job Title: _____ Dates Employe: _____

Employer: _____

Job Title: _____ Dates Employe: _____

Employer: _____

Job Title: _____ Dates Employe: _____

3. Have you purchased any items or services for your business already: _____

4. What research have you done about your business so far?

5. Are you currently operating/marketing this business? _____

6. Have you talked to business owners or other professionals about your business idea? Please explain.

Family and Community Support Section

Purpose: To determine the level of support you have, both with running the business directly and indirectly and what time constraints that you have.

1. If you intend on working outside of your business, how many hours per week will you be working at that job?

2. How long have you lived in your community? _____

3. Are you anticipating friends and/or family helping with your business? Yes No

If Yes, what will they be doing? _____

4. If you have a spouse or domestic partner, do they support your idea of starting a business?

Yes No

5. If you have children that require care, is there someone that can help provide childcare while you are running your business? Yes No

6. Do you provide care for anyone else? Yes No

If Yes, please explain.

7. How much time each week do you spend on your own and/or somebody else's medical appointments and/or disability-related needs: _____

8. How many hours per week do you plan to work at your business? _____