



## ACCAP CHORES & MORE INDEPENDENT CONTRACTOR APPLICATION

**HOURS:** Days and hours are flexible, on-call as needed, or arranged with client.

**HOURLY REIMBURSEMENT:** Paid monthly (after invoice is submitted to Concur Accounting Services)

**Homemaker Services:** \$16.00/hour, 2 hour minimum

Includes light housekeeping (laundry, vacuuming, dusting, washing floors, cleaning bathroom, cleaning kitchen)

**Chore Services:** \$18.00/hour, 1 hour minimum

Includes heavy housework (washing walls, windows, cleaning refrigerator or oven, moving furniture), basic home maintenance (moving of large/heavy household items), yard work (mowing, trimming, snow removal). NOTE: Independent contractor power equipment fee, if used, is \$5 per job.

**QUALIFICATIONS:** Possess or express a positive willingness to perform any of the following chores: yard and garden maintenance, snow removal, shrub trimming, household cleaning, light maintenance, painting, minor repairs such as minor plumbing, minor electrical, carpentry, plastering, etc.

Ability to follow instructions, work independently, have access to a computer and internet/email, schedule own work, and communicate well with senior citizens. Have independent transportation; owning some tools and equipment is helpful, but not essential.

**DUTIES:** You will work as an independent contractor for citizens over the age of 60 in Anoka County.

As an independent contractor, you will be asked to submit an invoice for all work completed in previous month on the 5<sup>th</sup> of each month. This is required for reimbursement for your time for the Chores & More Program.

The Chores & More Coordinator will screen your application, process a criminal background check, interview you, explain the procedures, and if everything is satisfactory, refer you to clients who need work done.

If you are interested, please complete the attached Independent Contractor Application which includes a skills inventory sheet and criminal background check (must be notarized). Thank you!

RETURN TO: ACCAP Chores & More Program  
1201 89<sup>th</sup> Avenue NE, Suite 345  
Blaine, MN 55434  
763-783-4767  
Fax: 763-783-4700  
Email: Choresandmore@accap.org

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

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Please check the service categories in which you have experience and are willing to work:

HOME MAINTENANCE & REPAIR

Caulking and weather stripping \_\_\_\_\_

Painting – Interior \_\_\_\_\_

Painting – Exterior \_\_\_\_\_

Repair windows \_\_\_\_\_

Minor electrical \_\_\_\_\_

Appliance repair – electric \_\_\_\_\_

Appliance repair –gas \_\_\_\_\_

Cement repair \_\_\_\_\_

Reglaze windows \_\_\_\_\_

Faucet & toilet repairs \_\_\_\_\_

Minor carpentry \_\_\_\_\_

GROCERY SHOPPING \_\_\_\_\_

LAWN WORK

Mow Lawns \_\_\_\_\_

Weeding \_\_\_\_\_

Rake Leaves \_\_\_\_\_

Tree & shrub trimming \_\_\_\_\_

GARDEN WORK

Planting \_\_\_\_\_

Tilling \_\_\_\_\_

Transplanting \_\_\_\_\_

HOUSEHOLD CHORES

Change storm windows \_\_\_\_\_

Wash windows \_\_\_\_\_

Clean gutters (1 story only) \_\_\_\_\_

Moving heavy objects \_\_\_\_\_

Heavy cleaning \_\_\_\_\_

SNOW REMOVAL

Shovel walks & drives \_\_\_\_\_

Operate snow blower \_\_\_\_\_

Remove snow from roof (1 story only) \_\_\_\_\_

INDOOR HOUSEKEEPING

Vacuum \_\_\_\_\_

Clean floors \_\_\_\_\_

Dust \_\_\_\_\_

Laundry \_\_\_\_\_

Change bedding \_\_\_\_\_

INSTALLATION

Alarms \_\_\_\_\_

Locks \_\_\_\_\_

Handrails & grab bars \_\_\_\_\_

OTHER SKILLS (please list)

\_\_\_\_\_

\_\_\_\_\_

Do you have your own tools? – Please list:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anoka County cities you are willing to work in? PLEASE Select ALL THAT APPLY

- Anoka       Andover       Bethel       Blaine       Burns/Nowthen       Centerville  
 Circle Pines       Col Hts/Hilltop       Columbus       Coon Rapids       East Bethel       Fridley  
 Ham Lake       Lexington       Lino Lakes       Linwood       Oak Grove       Ramsey  
 St. Francis       Spring Lake Pk      **“All Anoka County Cities”**

What times are you available to work: \_\_\_\_\_

Number of hours available to work/week: \_\_\_\_\_

How did you learn of Chores & More: \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_

**PREVIOUS WORK EXPERIENCE**

<u>Employer Name, Address, Phone #</u>	Start Date	End Date	Salary
_____	_____	_____	_____
_____			

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

<u>Employer Name, Address, Phone #</u>	Start Date	End Date	Salary
_____	_____	_____	_____
_____			

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

<u>Employer Name, Address, Phone #</u>	Start Date	End Date	Salary
_____	_____	_____	_____
_____			

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Are you a current employee of ACCAP?     Yes       No

Do you give permission for Chores & More to do a background check?     Yes       No

REFERENCES: List below persons 18 or older, not related to you, who have known you for at least one year. List a daytime phone number for each.

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

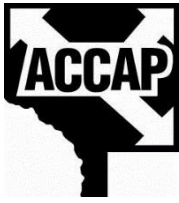
Worker Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interviewer Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I verify that the above information is true and grant you permission to contact the employers and references listed above. I authorize those individuals to disclose information that they have concerning me.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**ACCAP CHORES & MORE  
NON-PROFIT BACKGROUND CHECK**

Account #7637676521

The following named individual has made application with the agency for:

**Independent Contracting with ACCAP Chores & More**

**Last Name of Applicant** (please print): \_\_\_\_\_

**First Name** (please print): \_\_\_\_\_

**Middle Name** (full, please print): \_\_\_\_\_

**Maiden, Alias or Former** (please print): \_\_\_\_\_

**Date of Birth** (Month/Day/Year):\_ \_\_\_\_\_

**Sex** (M or F): \_\_\_\_\_

**Social Security Number** (Optional):  
\_\_\_\_\_

**Do Not Sign until in the presence of a Notary Public**

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to The Anoka County Community Action Program, Inc. for the purpose of contracting to do chores with vulnerable adults with this agency.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

STATE OF MINNESOTA )  
  )ss.  
COUNTY OF ANOKA     )

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_, by  
\_\_\_\_\_.

Notary Public