



## 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:** \$17.00/hour, 2 hour minimum

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

**Chore Services:** \$19.00/hour, 1 hour minimum

Includes heavy housework (washing walls, windows, cleaning refrigerator or oven), basic home maintenance, 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 3500  
Blaine, MN 55434  
763-783-4767  
Fax: 763-783-4700  
Email: [Choresandmore@accap.org](mailto:Choresandmore@accap.org)

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

\*\*\*\*\*

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 \_\_\_\_\_

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) \_\_\_\_\_

INSTALLATION

Alarms \_\_\_\_\_

Locks \_\_\_\_\_

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

INDOOR HOUSEKEEPING

Vacuum \_\_\_\_\_

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

Dust \_\_\_\_\_

Laundry \_\_\_\_\_

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

OTHER SKILLS (please list)

\_\_\_\_\_

\_\_\_\_\_

Do you have your own tools? – Please list:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anoka County cities you are willing to work in? PLEASE CIRCLE 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	<b>"All Anoka County Cities"</b>			

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>	<u>Start Date</u>	<u>End Date</u>	<u>Salary</u>
_____	_____	_____	_____
_____			

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

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

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

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

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

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

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

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

Are you a current employee of ACCAP?   Y      N

Do you give permission for Chores & More to do a background check?   Y      N

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: \_\_\_\_\_

## General Informed Consent Form

### Background Check Request

The organization below is asking you to provide personal data, which may include private information about yourself, including name, address, date of birth, and fingerprints. You are not required to provide personal data. However, if you do not provide the personal data requested, the organization and Minnesota Bureau of Criminal Apprehension (BCA) will not be able to process the background check. Failure to provide the data requested may result in a loss of employment/licensing/housing or other opportunity. The BCA requires this personal data to perform a search of its systems, tell you apart from other people with the same or similar name, to conduct a background investigation, and to determine eligibility. Any personal information you provide may be shared with people who need the data in order to do their jobs, as allowed by state and federal law, including: employees of the organization requesting the background check, others you've given authorization to access the data, BCA employees, the Federal Bureau of Investigation (FBI), the organization authorized to receive the records, the state or legislative auditor, to comply with a court order, and anyone else to whom the law says we must or can give the information. Unless specifically defined as "private" or "confidential", all data is defined as "public" under the terms of the Minnesota Government Data Practices Act and may be disclosed upon request.

☒ Check box: I have read the above notice. I understand that information may be shared with others in accordance with the Minnesota Government Data Practices Act.

*Please type or print your responses. All answers must be legible. Fill in all fields. If the answer for a field is "no", "N/A" or "none", provide that response. If more space is needed for any item, attach a separate sheet.*

#### Organization to Receive Records

Organization Name: Anoka County Community Action Program, Inc (Senior Programs)
Street Address: 1201 89 <sup>th</sup> Ave NE, Suite 3500
City, State, Zip Code: Blaine, MN 55434
Organization Account Number (if applicable): 7637676521

#### Personal Data

Last Name:
First Name:
Middle Name (if applicable):
Maiden, Alias or Former Name(s) (if applicable):
Date of Birth (format: MM/DD/YYYY):

☒ Check box: **Predatory Offender Registry Authorization**

(Contributor, please check this box if requesting a Predatory Offender Registry check.)

By checking this box and signing this consent form, you are authorizing the BCA to check the Minnesota Predatory Offender Registry for records about you, including, but not limited to, information related to offenses which may have occurred when you were a juvenile.

#### Please be advised

Records obtained as a result of this check may be used solely for the purpose requested and cannot be disseminated outside the receiving departments, related agencies, or other authorized entities.

You may challenge the accuracy or completeness of any information contained in the records by using the procedures set forth in Minnesota Statutes, §13.04 or Title 28 Code of Federal Regulations, §16.34.

#### Criminal History Check Authorization

I authorize the BCA to disclose all Minnesota criminal history record information to the organization listed on this consent form.

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

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Must be live/wet signature

**Notary:**

Signed or attested to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by:

\_\_\_\_\_

Name of Applicant

\_\_\_\_\_  
Signature of Notary Public

(Affix seal here)